

# THE HOMŒOPATHIC TIMES.

A MONTHLY JOURNAL

Of Medicine, Surgery, and the Collateral Sciences.

Vol. VII.

NEW YORK, MAY, 1879.

No. 2.

## Original Articles.

### THE SIZE OF THE DOSE IN MEDICINE.

BY HENRY A. MOTT, JR., PH. D., R. M.

Probably few subjects have attracted so much attention as the "Size of the Dose in Medicine"—not so much between certain limits—which, by the majority of thinkers, is considered reasonable, but beyond these limits, where the detection by chemical analysis, the microscope or the spectroscope of an *infinitesimal trace* of the medicine becomes an impossibility. The object of this article, then, is not the consideration of such small quantities of medicine as will be admitted by everyone to demonstrate their action on the human system, but of such infinitesimal quantities as, in my opinion, place medicine on the basis of ridicule.

There are within the human body forces which endeavor to adapt the system to the surrounding circumstances of life, and to keep it in a healthy, normal condition—once abuse, or over-ride the forces, and the result is an abnormal condition—it is in this state that the medical skill is called upon for help, to restore the abnormal again to the normal. How is this to be accomplished? Theoretically, the answer is simple. Restore these hidden forces to a healthy action, invigorate them, strengthen them, but not overpower them, or the patient will be made worse.

Few persons will hesitate to admit that when the human system is in an abnormal condition the nerves are more acute, more sensitive, so that things which were most agreeable in health become the source of intense suffering, and are often actually intolerable. The system becomes sensible to impressions of all kinds, which in health would go by unnoticed. It is for this reason that the size of the dose in medicine should depend, to a very great extent, upon the condition of the system to receive infinitesimal impressions. It is, therefore, all-important that only just so much of a medicine should be given as will invigorate the forces within the body to a healthy action, and this can only be accomplished by the action of the forces of an appropriate medicine. The question naturally arises, then, how far is it possible to subdivide a medicine so that it will still have sufficient force power to produce the required effect? I suppose the answer will come back—Try it and see. This is, in my opinion, (in this case) the poorest possible answer, for when a medicine is so diluted that some of the best homœopathic physicians question its utility, the surrounding conditions, proper nursing, fresh air, quiet, food, etc., etc., have so powerful an action, that it is questionable, if the patient recovers, whether the cure has not been accomplished by such means, rather than by the force-power of the infinitesimal dose of medicine given. This is, in my opinion, too serious a subject to trifle with for the satisfaction of some theo-

retical fancies held by speculative physicians. Common sense would dictate a small dose (in most cases) in preference to a large one, but common sense at the same time would dictate that it was necessary to use an appreciable quantity, instead of a theoretical one. I say theoretical at present, but even this may prove rather too liberal before we get through with the discussion of this subject. Let us turn our attention now to the divisibility of matter, and see how far it is possible to divide a substance so that it will still possess the properties peculiar to it.

All matter is composed of molecules, and a molecule means the smallest particle of a substance which can exist and still retain the properties peculiar to the substances. We have, then, in the size of a molecule, the limit to the divisibility of a substance, the properties of which we are desirous to retain. If a molecule is split, that minute it is decomposed, and its parts become molecules of different substances, or substances possessing entirely different properties from the original molecule. We have, then, in the size of a molecule, the limit to the size of a dose in medicine, beyond this limit it is not possible to go. The question naturally arises, then, what is the size of the molecule?

Numerous experiments have been conducted to obtain the dimensions of this small particle of matter and by many different processes, and the results agree very closely, even with the imperfect scientific means we have at present to deal with such small particles. It is well established though, says Maxwell, that the determination of the mass of a molecule is a legitimate object of scientific research, and this mass is by no means immeasurably small. From elaborate experiment and calculation, it has been ascertained that if 2,000,000 molecules of hydrogen were placed in a row, they would occupy a millimeter, and about two hundred million, million, million of them would weigh a milligram.

Dupré, in 1870, deduced from the theory of contact attractions, the conclusion that a milligram of water contained more than 235 million, million, million molecules, while Lorensy, of Copenhagen, arguing from the electric work, necessary to decompose a milligram of water in connection with a quantity of electricity which may be distributed on a sphere, finds that a milligram of water contains more than 1360 million, million, million molecules. The distance apart of such molecules would be less than a ten millionth of a millimeter.\*

Loschmidt illustrates molecular measurements by a comparison with the smallest magnitudes visible by means of a microscope. Nobert, he tells us, can draw 4000 lines in the breadth of one millimeter.

The intervals between these lines can be observed with a good microscope—a cube whose sides is the 4000th of a millimeter, may be taken as the *minimum visible* for observers of the present day.

Such a cube would contain from 60 to 100 million molecules of oxygen or nitrogen, but since the mole-

\* *Moniteur Scientifique*, No. 323, 1871.

culs of organized substances contain an average of about 50 of the more elementary atoms, we may assume that the smallest organized particle visible under the microscope, contains about two million molecules of organic matter. At least half of every organism consists of water, so that the smallest living being visible under the microscope, does not contain more than about a million organic molecules.\*

From the elaborate investigations of Sir Wm. Thompson† it has been demonstrated that the diameter of the gaseous molecule can not be less than  $\frac{1}{100,000,000}$  of a centimeter, nor the number of molecules in a cubic centimeter of gas greater than six thousand million, million million.

Thompson says, whatever may be the result of future experiment, it cannot invalidate the conclusion, that a stratum of  $\frac{1}{100,000,000}$  of a centimeter thick, cannot contain in its thickness many, if so much as one, molecular constituent of the mass, and if a quantity of water were extended to this thickness, it would have more energy than the same mass of water in ordinary conditions by about 1,100 times as much as suffices to warm it by 1° Cent. This is more than enough to drive the liquid into vapor. Hence, if a film of  $\frac{1}{100,000,000}$  of a centimetre thick can exist as liquid at all, it is perfectly certain that there cannot be many molecules in its thickness.

The size then of the various molecules according to different observers would range between  $\frac{1}{100,000,000}$  to  $\frac{1}{1,000,000,000}$  of an inch. As Sir Wm. Thompson says "to form some conception of the degree of coarse-grainedness indicated by these conclusions, imagine a rain-drop, or a globe of glass as large as a pea, to be magnified to the size of the earth, each constituent molecule being magnified in the same proportion. The magnified structure would be coarser-grained than a heap of small shot, but probably less coarse-grained than a heap of cricket balls."

Now for a practical application of these facts to the subject we are considering—it will be necessary though, first to examine the method by which the potencies are obtained such as the first, second, third, fourth—the one hundredth—the one hundred thousandth and the millionth, and to calculate how many molecules of the medicine are present—if any at all. According to the centesimal scale, as introduced by Hahnemann, the first potency must contain  $\frac{1}{100}$  part of the strength of the remedy, the following each  $\frac{1}{100}$  of the preceding one.

Take for example *Belladonna* the medicinal strength of the mother tincture being  $\frac{1}{4}$ , it will be necessary in preparing the 1st potency to use 98 drops of Alcohol and two drops of the mother tincture of *Belladonna*. One drop of this solution is then added to 99 drops of Alcohol to produce the second potency—and one drop of the second must be added to 99 drops of Alcohol to produce the third and so on indefinitely for higher potencies. So that the several potencies will contain the following fraction of the original drop:

1st Potency	will contain the $\frac{1}{100}$ th part of a drop.
2nd "	" " " " " 1-10,000th part of a drop.
3rd "	" " " " " 1-1,000,000th part of a drop.
6th "	" " " " " Billionth part of a drop.
9th "	" " " " " Trillionth part of a drop.
12th "	" " " " " Quadrillionth part of a drop.
15th "	" " " " " Quintillionth part of a drop.
18th "	" " " " " none at all.
18th "	was supposed to contain the septillionth part of a drop.
21* "	" " " " " " " " "
24th* "	" " " " " " " " "
27th* "	" " " " " " " " "
30th* "	" " " " " " " " "

\* But contains none at all.

\* See Am. Jour. Sci. and Art, Vol. L, p. 36 and 206.

† Maxwell "Atom" Ency. Brit.

To form some conception of such large figures as even one billion, it is only necessary to state that one billion exceeds all the seconds of time in 32 years.

So that if a patient were given one half a teaspoonful of the potency (6 cent.) which contains the one billionth of a drop of *Belladonna*, every second for one year, he would in the course of that time have swallowed what would be equivalent to one drop of *Belladonna*; and further, if it were possible to prepare a one hundredth-thousandth potency, as some claim to have done, which could contain its share of the drop of *Belladonna*, it would take 22,222 years by taking a half teaspoonful every second of time, to swallow one drop of the medicine. In swallowing one drop of the medicine which contains the one billionth of a drop—if it were made with water the patient would swallow 15,448 gallons in the course of a year.

In the annual address (1873) delivered by Dr. T. F. Allen, of New York, before the State Medical Society, which has just come to my notice, I quote the following:

"In making our dilutions, one drop of the drug is each time added to 99 of pure water. If the whole could possibly be preserved we should have at the fifteenth dilution our original drop of the tincture diluted with an amount of water the size of this globe; the sixteenth would dilute with 99 other globes, and so on. Now, at the fifteenth each drop would contain one single atom of the original drug. In the sixteenth only one drop in a hundred would contain an atom, and in taking one drop of this (at random) to make our seventeenth, the chances are much against our getting that one drop containing the atom, and in the next few potencies, the chances amount to a certainty that none of the drug can be present." This paragraph has embodied in it exactly what I wished to communicate, viz:—That after a medicine had been diluted and diluted, a time would come when some portions of the liquid added would contain one molecule of the medicine, while another portion would contain none at all—just as the soap bubble bursts when the film has been expanded to such an extent that its thickness becomes the diameter of the molecule of water, to expand it more as a film it would be necessary to expand the molecule, and this would produce a decomposition and new bodies would be found having properties entirely different from water. Just as the molecules of the soap bubble burst and go here and there through the air, so will a drop of medicine burst when diluted beyond a certain point, and its molecules will go here and there, one portion of the liquid containing one molecule and another none at all. Is it possible then that physicians are justified in using such high potencies as even the twentieth, the thirtieth, &c., when science completely demonstrates that there is not even a molecule of the medicine present? Dr. Allen states, "We (?) believe, with reason unbiased and unprejudiced, that a dilution of a drug far exceeding all probable or even possible limits of sub-division of matter is yet active, and active too in a measure identical with the crude material;" and he believes "that the peculiar molecular activities or forces which endow matter with its properties can be transferred to indifferent fluids or other molecules, which shall receive and perpetuate these forces, and in time become active as was the original matter."

This is a very pretty theory, but I doubt if there are many scientific men who will be willing to admit that any medicine which possesses properties peculiar to a certain drug, can possess such properties when not even a molecule of the drug is present. Let us look and see what would be the consequence of such a theory—the result would be that every glass of croton water we drink would be medicated water; for in preparing the high powers, as a rule  $\frac{1}{100}$  of the drug is thrown away, this would convert all the waters of the earth into the fifteenth potency. But as there are several thousand potencies made at present, all containing a peculiar drug, and  $\frac{1}{100}$  of the drug is thrown away—it is difficult

for me to see why the water is not at present all medicated water. And if such is possible, where do the Homœopaths (who believe in high potencies), obtain sufficient pure water of an "indifferent" nature to enable them to make their various potencies.

I can see the advantage of giving medicine in as small quantities as possible, when the system is in an abnormal condition, but I cannot see the advantage of giving a medicine so diluted, that it has not sufficient force-power to demonstrate its presence by any well known chemical reaction, and if this is my opinion, how much less would I think of a medicine which has not even one molecule of the original drug present. I can not consider the force-power of a drug as something independent of the drug—I can only consider the force-power of the drug as the drug itself—and as the only means by which the drug becomes known to our senses, consequently where we have evidences of the force-power peculiar to a drug, there we have evidences of the material presence of the drug, and since there can not be one molecule of the drug present in the 30th potency, therefore there can be no force-power other than from the menstrum in which the medicine is given.

What effect could a few drops of the 30th potency have in a glass of water to a person who is traveling. I can understand that after a while the organic and inorganic constituents normally present in water, would have little if any influence on the human system, provided a person resided in one place and drank the same water; but to a person who travels, the impurities fluctuate in composition and have a powerful action on the system as is well known; is it possible then the theoretical force-power present in the 30th potency could have any action on the system, when it had to battle with such powerful competitors. Such an idea is not even reasonable and should not be encouraged.

Let sufficient medicine be given to accomplish the object in view,—and only sufficient—but let us deal with realities instead of theoretical quantities.

Because good nursing, food and fresh air has restored sick persons to health is no justification for using what are called medicines, which do not contain a trace of a drug; the time has often come when these three factors have been overpowered and death has been the result, because physicians have dealt with theories instead of facts.

In a future paper I will say something with respect to insoluble substances. I quote the following remarkable passage from the Homœopathic Pharmacopœia: "We avail ourselves of a fact, unknown to chemistry, that all medicaments brought by trituration to the third potency are soluble in water and alcohol." I will also say a few words as regards the wonderful force-power sugar of milk must acquire when placed in the moon's light, or under the influence of the colored lights of the spectrum, as also when treated with melted ice or snow water; and perhaps refer to the remarkable property milk sugar acquires when placed at the pole of a magnet, which then enables it to cure the tendency of ingrowing toe nails.

### A STUDY IN INFANTILE HYGIENE.

BY J. N. TILDEN, M.D., PEESKILL.

The many causes which lead to the production of disease in children have been very carefully noted and classified by the various authors who have written concerning the affections of children. Diet, air, exercise, clothing, cleanliness, &c., have all been considered in their various relations so thoroughly that the subject of "Infantile Hygiene" would seem to be well nigh exhausted. When we consider the large human mortality which exists under the age of five years we must admit the vast importance of this subject, and if we would perform our duty as conscientious physicians, we must give it our repeated and almost constant attention. We must persistently trace and retrace, and consider and

reconsider in every phase, all the various items which have any bearing upon the health and lives of children, in the hope that little by little we may gain knowledge which will keep us on in the grand work of preserving human life, and improving human stock. It is very probable that any decrease in the present high rate of infant mortality will be brought about more by preventive medicine and strict hygiene, than by any treatment of disease once begun, no matter how skillfully treatment may be applied.

The point in Infantile Hygiene to which I wish to direct attention has never to my knowledge, been brought to the notice of the profession through the press; and though it probably has little or no bearing upon the mortality of children, yet in its remote effects it may have an important relation to the vitality and consequent longevity of individuals. It may seem at first view a trivial matter, and one unworthy of consideration. It is simply concerning the manner in which children are habitually laid hold of when about to be raised to a person's arms—the way in which children are commonly lifted.

It is to be observed this is universally done by placing one hand under each of the child's arms, overcoming their weight by holding the thorax firmly grasped in the hands, thus subjecting the child's chest to a very considerable pressure. This pressure is necessary if children are to be lifted in this manner, for the articulation at the shoulder is not yet firm enough to allow the child's weight to be overcome by an upward tension alone, without danger of straining that joint.

We see then, that when we lift a child in this manner our arms are strongly adducted, and our fingers quite forcibly flexed upon the yielding walls of the child's thorax, and the resulting pressure is brought to bear upon those ribs extending from the fourth to the ninth, and is most concentrated in the mammary regions,—slightly below and exterior to the nipple. If this compression were only in occasional operation it would not merit any attention, but when we remember that during the first 3 years of childhood this abnormal pressure is applied many times daily, it becomes more worthy of our consideration.

If we find that this method of handling children may be a possible near or remote source of departure from health, we are to note the fact that those children who belong to the better classes of society, and have therefore the most constant and solicitous care bestowed upon them, are more subjected to whatever deleterious influence this mode of lifting them may exert, than are the children of poverty who have much less attention.

The especial point to be considered in relation to this subject is this: What will be the effect which the frequent, daily repetition of the pressure above described will have upon the soft and rapidly growing thoracic walls of children? Will it not have a tendency to decrease the normal lateral diameter, and the antero-posterior diameters of the chest, in the mammary region, where the pressure is greatest, and thus diminish its capacity? If it do this in even a slight degree, then its detrimental influence must at once be acknowledged.

May we not here find a solution of the cause of that deformity known as pigeon breast, the origin of which has not, heretofore, had any satisfactory explanation. Dr. Alexander Shaw, author of the article on "Surgical Diseases of Childhood," in *Holmes Surgery*, in speaking of this deformity, states that it is "not inconsistent with symmetry in other parts of the chest, and the frame generally. The deformity is more frequently observed in the young, which leads to the inference that patients commonly outgrow it." His theory of its causation is that it is produced by want of free entrance of air into the lungs to fully distend them, and he says that "when the chest, as in childhood, is highly flexible, any cause that obstructs the entrance of the air into the lungs may lead to changes in its figure resembling pigeon breast deformity." It will be shown quite conclusively

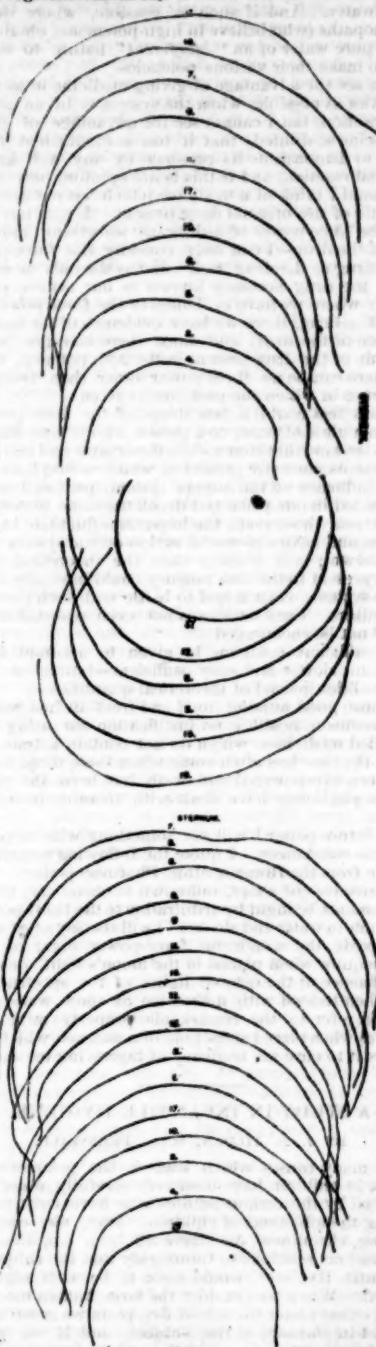


ly a little further on, that this deformity is much more likely to take its origin from the abnormal external pressure which is so frequently applied during childhood, than from the hyper-action of the muscles of inspiration, induced by dyspnoea. According to Dr. Shaw, the deformity in question is caused by the external pressure of the atmosphere, acting upon the flexible walls of the chest when the lungs are not freely inflated. The thorax acted upon by the respiratory muscles to enlarge its capacity, but as air does not fully fill the lungs there is sufficient overbalance of external atmospheric pressure to indent the chest along the line of least resistance, which is the junction of rib and costal cartilages, and this indentation leads to protuberance of the sternum.

It is much to be doubted if dyspnoea could in this way produce so marked a deviation from the normal shape of the chest. If so, then we should expect to find it existed in every case of habitual asthma. Not only is this not the case, but it is quite common to find cases of pigeon breast where we can elicit no history of previous dyspnoea.

Another point in this connection which is simply speculative; because we have no rigid normal standard by which to judge is concerning the obliquity of the ribs. It will be borne in mind that the first three ribs are nearly horizontal in their direction from behind, forward. From the fourth their direction becomes oblique, pointing downward more and more to the ninth, when the obliquity decreases until the eleventh and twelfth are again nearly horizontal. Is it possible that the daily, often repeated compression and depression of the ribs between the fourth and ninth, which we have noted as occurring during the first three years of childhood, is in any degree responsible for this obliquity? It is well known that lacing very quickly, and materially increases the obliquity of those lower ribs which form the base of the thorax, and similarly if a like cause were in operation early in life, bringing under its influence all those ribs which have an oblique direction, might it not be the cause of this obliquity? Is this obliquity strictly normal or has it become, through repetition an hereditary deviation from a better standard, which would give increased thoracic capacity, increased vitality and larger immunity from phthisical disease? If all the ribs were more nearly horizontal, the phenomena of respiratory action would be somewhat modified from its present mode. This point is alluded to, as it might be supposed that the obliquity of the ribs is necessary for the suitable accomplishment of respiration. In examining the *thoraces* of children from two to four years of age, we shall almost invariably find that the full rounded curve which laterally bounds the thoraces of infants of a few months of age, has given place to a sharper or shorter curve in the subaxillary region, and the plane of the chest in the mammary region is abnormally flattened. This degree of flattening varies considerably in different children, being modified not only by constitution but by the wide variations in which they are subjected to the cause. It is also dependent upon the size and weight of the child. The chest of a large, heavy child becomes modified in shape earlier than in the case of a more delicate infant. This fact is illustrated in lines No 6, in the diagrams. In these diagrams are represented in one plate the lateral curve of the chest, extending from the spinal column around to the sternum, and in the other the outline of the anterior aspect of the thorax extending from each subaxillary space, across on a line with the nipples. These lines are reduced one-fifth from actual measurement taken from seventeen consecutive cases of children varying in age from two weeks up to three and a-half years. These diagrams will fairly illustrate the average as we would find it in a hundred cases. We see from these diagrams that there is a considerable variation in the outline; demonstrating beyond doubt that in children of

three years of age, the plane of the chest in the mammary region is flattened,



It may be said that the normal shape of the thorax has



various types, and varies in different individuals. This is granted, but notice that in infants under the age of six months, and even one year, the outlines (so far as my observation has extended, comprising nearly 300 cases), have been constant, after one type, as shown in No. 4, aged seventeen days. No. 10, aged four months; No. 14, six months, and No. 3, a small but healthy child aged fifteen months.

The nearest approach to the same outlines in older children is found in Nos. 13 and 17, aged respectively 3 years and 2 years. In both these cases very little care or attention was bestowed upon them after they were one year old. These two children were then left to the care of older children too young to carry them, and therefore they were very seldom lifted in the habitual manner. In contrast to these chest lines, observe Nos. 1, set. 3 years; 3, set. 16 mos; 6 set. 3½ years; 7, set. 6½, and 8, set. 5½. Notice in No. 1 a near approach to pigeon breast deformity. This child was a great favorite; had a nurse in constant attendance, and was subjected to the mode of lifting under consideration oftener than any other case which has been found. No. 3 gives early evidence of the influence of thoracic compression, for the reason that he is a large, heavy child, who had unremitting attention. Nos. 3 and 4 are brother and sister, and we cannot, therefore, account for the marked difference in outline by ascribing it to variety in natural type, and the same is true of Nos. 8 and 10. We see, then, beyond doubt, that the thoracic outlines of children certainly change, as previously pointed out, and vary markedly accordingly as the children are subjected to the method of lifting already described.

Combe, in his work on infancy, says that "in lifting young children the nurse should be very careful never to lay hold of them by the arms, as is sometimes thoughtlessly done, but always to place the hands one on each side of the chest immediately below the arm pits." This caution is well so far as it prevents nurses from raising children by the arms, and in small, light children is safe, but in large children, weighing within the first year from 15 to 25 pounds, the amount of compression required to raise such children to the nurse's arms is sufficient to distort the anterior aspect of the chest from its normal shape. We need not be reminded that these pliant thoracic walls serve to protect those organs most concerned in our vitality and strength. No. 3 illustrates this point: It is the outline from a child who weighed over twenty pounds before he reached the age of one year. Compare it with No. 4, the outline of his infant sister, aged two weeks.

It is possible, inasmuch as children after three years of age are seldom lifted by thoracic compression, that the energetic vitality of childhood soon suffices to correct in a great measure and in the large majority of cases, any deficiency of thoracic capacity or other deviation from normal growth which the cause under consideration may have produced. If, however, this compression of the chest become recognized as even an occasional source of departure from a normal condition; if ever a case of pigeon breast deformity be traced to this cause; if by diminishing thoracic capacity in the slightest degree it thus impairs vitality, then, indeed, does it demand the attention of our profession! In the progress of our science we more and more recognize our duty to lie rather in the prevention of disease than in its cure. It is our paramount duty to use every means at our command to develop and improve the physical condition of our race, for through physical advancement will come also intellectual and moral progress.

In the consideration of this question, it will be well for us to look a moment at what is accomplished by simple manipulation in the treatment of diseases. It is not necessary here to go into details, for it is well established that in many surgical diseases treatment by manipulation in its various forms is of the greatest importance. Take, for instance, the daily use of suspension

in spinal curvatures, extension and rubbing in partial ankylosis, massage in sprains and contractures, &c.

Now, if in these rigid structures manipulation applied once or twice daily has the effect of changing materially the condition of the parts operated upon, how much more will the frequent, daily repetition of firm pressure always applied in nearly the same manner upon the rapidly growing, easily yielding and pliant walls of a child's thorax have the effect of changing and distorting their normal growth.

The question now arises how may this danger be avoided? How shall we instruct mothers and nurses to lift and carry their children in any better manner than the one so universally in use? How shall this prevailing method be improved upon? The answer is very plain and simple. Nature has admirably adapted the pelvis for supporting the weight of our bodies at all ages. It is therefore to be advised that a child should always be raised by placing one hand under the gluteal region, while the other hand may either in front or behind the thorax assist in supporting the weight and at the same time steady the child in a comfortable position. This is easily done when the child is either lying or standing. When in a sitting position, one hand may be passed across the chest either in front or behind and by a slight hold of the opposite arm the child's body may be tilted to one side, or backward or forward as may be most convenient, when the disengaged hand may be easily placed under the gluteal region, and, as before, the child's weight will thus be admirably supported by both hands, one protecting and sustaining the thorax and the other the pelvis, thus supporting the child's weight equally, easily, and without possible danger of harm. The accompanying illustrations show the two positions above described and this method of lifting children will be found equally as convenient as the mode commonly in use, while its superiority consists in the entire absence of those possible dangers which have been pointed out as liable to arise from compression of the chest.



The fact that we are unable at present to demonstrate any actual disease directly produced by this cause does not prove that it is unworthy of notice. Even if the writer has exaggerated the importance of this subject it must be admitted by the most skeptical that there is room for doubt and the only rule to be followed must be, "In case of doubt take the safe side." A man may use tobacco and alcohol for many years without apparent harm but this fact, though often repeated, does not

prove these articles to be innocuous. The capacity of the human mechanism to accommodate itself to extremes in its various processes and surroundings is one of the most wonderful features of our existence. We find variations in all degrees in diet, exercise, clothing, cleanliness &c. We frequently see all the laws of hygiene set at utter defiance and yet find robust and vigorous health when we would only expect to find disease. And again under the most favorable auspices of careful hygiene, where every condition would seem to promise health we often find sickness and death.



The wisest theories of the physiologist and therapist are often set at naught by the actualities of practice. These contradictory problems are not to discourage us. We are not to yield because our science refuses to become exact. Slowly and little by little does our knowledge of the human body, its diseases and their treatment come. Let us therefore, each for himself, investigate this phase of "Infantile Hygiene" and in this way we shall finally eliminate whatever errors the writer may have advanced and the true degree of importance which attaches to this subject be properly established.

#### LOCAL APPLICATIONS.

BY R. R. GREGG, BUFFALO.

Another class of cases, similar to the foregoing, are those where the lungs being relieved, the disease goes to the mucous membrane of the nostrils, and congests that just as a cold does so commonly in the first instance before it goes to the lungs. A case of this kind was that of a daughter of the lady just spoken of, whom I attended only two or three weeks since for congestion of the lower portion of the right lung, accompanied by a severe cough. As soon as the congestion of the lung was relieved the nostril became very much "stuffed," as though a severe fresh cold had been taken, and the family feared such was the case, but I assured them it was not, and it all passed off in a few days without the lungs showing further signs of disturbance.

Another similar case, in results, was that of a patient whom I discharged cured, yesterday, Dec. 7th. This patient was a large, stout man, aged forty years, who for the first time in his life had genuine congestive or inflammatory croup. He had suffered severely through the night, and called me in the early morning, four days ago. His cough was violent, of as harsh or croupy

a sound as I ever heard, and accompanied with so great a sense of suffocation that it was with difficulty he could restrain himself from getting up and running to a window for fresh air. Expectoration very slight, yet a little did occur in his most violent paroxysms of coughing, and was bloody mucus. I administered *Aconite* 1000, two doses at intervals of two hours, and four hours later one dose of *Spongia* 1000th, and by evening there was a great modification in the cough, the expectoration of bloody mucus became quite free, and from that time there was little trouble in the case, excepting the second day, and after the croupy cough had wholly disappeared, he had every indication of having taken a severe cold in the head, without having been out of his room. I explained the nature and reasons for this in the fact of the congestion passing up from the larynx into the nostrils, when his wife spoke and said she had always observed the same result in their little girl, who had been quite subject to the croup; and she felt entirely safe when that occurred.

Again, another class of cases that occurs as often as either those where the disease goes to the nostrils or to the frontal sinuses, when cured in the lungs, are those where it appears in the throat, and also frequently breaks out upon the lips in cold blisters during, or after, the relief given the lungs. In all these cases the physician must exercise the most scrupulous care against every kind of local applications, gargles, etc., unless he wants his patient to have a relapse, or be left with a broken constitution.

While upon the subject of lung diseases, I will give another, from a different cause. About a year ago, a large, powerful man called to consult me for a severe cough from which he was suffering. The cough had its immediate origin in a serious form of chronic bronchitis. And this I learned followed soon after the suppression of erysipelas upon one of his hands the spring before. Finding *Belladonna* clearly indicated by the character of the cough and other symptoms, I prescribed it in the 2000th potency. By that night the cough was easier and his breathing freer, and the next day the erysipelas broke out upon the same hand again. He called to see about that, but not finding me in, and being somewhat alarmed, he called upon another physician, who suppressed it again, and the last I heard definitely about his case, his lungs were as bad as before.

Another case of suppressed erysipelas of the hand I will cite. A corpulent lady had erysipelas of the left hand last spring, which, under the advice of a physician, was treated with applications of cold wet compresses, painting with *Iodine*, etc., until suppressed, when followed great pain in the arm, and finally *paralysis*, which, upon being relieved by *Rhus. tox.* 200th, was itself followed by erysipelas.

And so the murderous work goes on; and the mongrels of our school abate not in their delight at imitating such bad examples.

None can plead want of proof, as so often said before, to correct such errors in their own practice, and point it out in that of others, for clear and positive cases are occurring everywhere and in great numbers, if physicians will but look for them. Only a few days ago I received by mail a pamphlet, describing "Pond's New Phonographic Sphygmograph," in which was given the following case:

"A. R., nineteen years ago, had the first attack of palpitation of the heart; health previously robust. Three years ago had what was supposed a severe attack of sciatica; when this left, pain commenced in the chest about the heart; had about this time a fit, falling insensible for a few minutes; having pain, used *Morphia*, which habit has been continued ever since. Patient has had pain, palpitation, dry cough, distress after taking food, headache, sometimes dizziness, and occasionally a feeling of suffocation. The pain extends through from the sternum to the right shoulder; any excitement now causes the heart to beat with great violence, with throbbing

blings of the carotids. The feet commenced to swell about the ankles early in the summer, oedema extending now to nearly the knee in both limbs; the chest swells, wrists and hands are slightly cedematous, face a yellowish pale, waxy; all appearance of the dropsy invading the chest and abdomen. On auscultation over the heart, there is a *loud, rough, double murmur* heard nearly all over the chest. This murmur is loudest on the right edge of the sternum at the first, second and third intercostal spaces; there is dullness, also, here, extending below. The murmur extends into the carotids, the heart beats over a large space, the apex beat is below and outside the nipple. One rough murmur heard only here. The murmurs are so loud as to obscure other sounds, and heard also on the back of the chest. Upper left chest, both sounds of the heart can be distinguished—breathing, right chest, nearly normal; some rales at the depending part; left chest, patches of dullness and want of breathing, numerous rales; kidneys normal; urine not albuminous.

"After this, during the next eight weeks, she had two attacks of raising sputa streaked with blood, cough, etc., which subsided in a few days; also, attacks of great anguish, threatening dissolution; dropsy increased. March 10th.—Dropsy has greatly increased; effusion into all the cavities; mind begins to wander; is more or less delirious. March 15th.—Paralysis of the whole left side and throat, unable to speak. Death ensued March 16, 11 P. M.; Age, 62."

Then follows numerous cardiac, carotid, and radial, or pulse, tracings, by the sphygmograph; the revelations by a *post-mortem*, of an "enormously enlarged heart," with many of its usual accompaniments; also, a photographic illustration of the frightfully diseased condition of the valves of the heart; all of which show what a terrible three years of suffering that must have been; and all commencing immediately after the suppression of the sciatica; for it is positively stated that, "when this left, pain commenced in the chest about the heart; had about this time a fit, falling insensible," and pain, for which *Morphia* was used, and "continued ever" after, while she lived; and, of course, to relieve more or less constant and severe suffering, or it would not have been given.

*What a record!* And all this suffering, and premature death, together with millions of other cases equally bad, solely due to the utter ignorance in the Allopathic school of the certain and frightful results that *must* and *do* follow the suppression of all forms of disease. And think of it, all you who pattern after such ignorance; bring it home to yourselves and your own families, for it *will* be brought there, when you least expect it in terrible scenes of suffering and premature death, just so sure as you *perpetrate* such outrages upon yourselves or those most dear to you. The only possible exceptions will be where you can *cure* the disease homoeopathically, and throw it back into former conditions; as you *always* must the suppressed eruption of small pox, scarlet fever, etc., if you would save the life of your patient. But how infinitely better to escape all risk, and all the additional suffering as well as an enfeebled constitution, by applying your truly curative measures, *before* any of the vital organs have been assailed, and the general vitality of the whole system has been so exhausted as to make it a most serious question, whether you can save life, even for a comparatively short time. I have not, as yet, I believe, even alluded to one of the most marked of all the facts to be found in nature, to prove that a law must underlie and govern the metastasis of disease, with unerring certainty. I refer now to the mumps, and to the well-known fact in connection therewith, that when, from any cause, this disease is suppressed from its natural seat, the parotid glands, the law compels it to confine its specific, or direct, action, to the glandular system, and also compels it, in case of the difference in sex, to seek the gland, or glands, for its future operations, in different parts of the human organism. Such instances are too well-known to the entire

profession to require cases being given in illustration. But I will quote one having a different result, from the New York "Medical Record," January 9th, 1875, page 21, entitled: A case of metastasis of parotitis to the brain by William M. Kemp, M.D. New York.

Mary B.—aged two and one half years, who never had any previous sickness, was seen by me at the Children's Class Northern Dispensary, suffering from parotitis. The disease had been of four days duration. Lin. camphor was prescribed with warm bath at night, as the child was feverish. Examination of throat and lungs revealed nothing. After using the liniment for twelve hours the swelling of the gland markedly diminished, but the child became more and more feverish, restless, tossing about in bed, screaming and rolling its head from side to side; it vomited several times and on the sixth day of the disease was seized with a convulsion in which it died. No post mortem examination was permitted. There was evidently a translation of the disease to the brain, probably in the form of meningitis. Dr. S. J. Radcliff, of Washington, D. C., in a recent communication to the Philadelphia *Medical Times* goes over the literature of the subject, but fails to find cases of fatal metastasis to the brain, save in the experience of Dr. Dickson, of Charlestown, who is said to have seen this fatal complication. We are unable to find a recorded case of parotitis, with death resulting from metastasis to the brain. Authors speak of its possible occurrence but none quote from actual experience."

That child *was* killed outright, and the responsibility for its untimely death rests solely upon the Allopathic branch of the medical profession; the imitator of its terrible errors, namely, the man who did the work, simply carrying into practice its uniform teachings of many centuries upon such subjects. The child "never had any previous sickness," consequently must have been healthy and vigorous; but twelve hours of the local application of camphor liniment was all the time required (though death was delayed a little longer), to send it to its grave, and throw an unsuspecting and confiding household into mourning, for years no doubt, over the sad result.

The apparent deviation from the strict demands of the law, in this case, may be easily explained upon either of two hypotheses, viz: that the disease settled upon some of the small glands of the brain and thereby caused the fatal result; or, and what is much more probable, the morbid blood congested in the parotid gland, was rapidly absorbed, or forced on out of the vessels there, and to the brain to produce congestion thereof, the convulsion and death, without giving time for it to first develop its specific results upon other glands. This view of the case is sustained by the fact, that the "swelling of the gland markedly diminished" in the twelve hours use of the liniment; but much more so, in that the entire literature upon the subject appears not to furnish another parallel case of translation of this disease to the brain, unless this may have been the fact in the experience of barely one other physician.

Please score another death, also against the Allopathic ignorance, of this whole subject of metastasis; as shown in the following from the New York *Medical Record*, of Dec. 14th, 1875, just at hand, this morning, Dec. 16th:

"Tetanus from a Hypodermic Injection of Quinine.—Dr. A. Ady, of West Liberty, Iowa, writes: On the 19th of this month I injected fifteen grains of bromide of quinia, dissolved in thirty minims of dilute alcohol, into the cellular tissue above the crest of the left ilium of a man aged sixty-two years, for an intractable periodic neuralgia in that position. The neuralgia was relieved, but there was more than ordinary inflammation at the site of injection, followed by a forming slough. It gave him considerable pain on the 21st and 22d, when *Morphia* was ordered sufficient to relieve him. During the 23d and 24th he was reasonably comfortable, and sat up most of the afternoon, Sunday, entertaining com-



pany. Upon retiring, at 10 P. M., he was seized with tetanus, and died in twenty-three hours. I had been intimate with him for twenty-six years, and, with the exception of occasional attacks of this neuralgia, he enjoyed uninterrupted health."

Thus, it took only *five days*, for stupidity to finish a man who had "enjoyed *uninterrupted health*," "with the exception of *occasional attacks of neuralgia*," for *twenty-six years*! How far removed was this from manslaughter? Indeed, death came within the time, allotted by law, to constitute it murder, excepting in intent. But he was killed just the same as though it had been done by intent, and simply by driving the disease from his hip, or ilium, to the spinal cord, or base of the brain, by the local treatment used.

Are there any *intelligent men* left in our ranks who desire to longer pattern after such ignorance?

#### OUR POSITION.

BY EDWARD P. FOWLER, M.D., NEW YORK.

Not one of us doubts that in the department of Therapeutics medicine has received no other such tributary as the great principle of Homœopathy.

It is the only coherent and non-contradictory system which has ever been propounded for the application of remedies to disease.

Its positive benefits are beyond the powers of human computation, and it is more than possible that its negative benefits have been of equal magnitude.

Through the whole world of Therapeutics it has exercised a power as subtle and as insensible as the power of gravitation, but the results have been as tangible as the piling up of the mysterious tides of the ocean.

It has made obsolete the old-fashioned murderous deluge of drugs.

It has dried up the rivers of blood by which the medical profession so short a time since robbed the people of health and life.

It has so modified the medical body entire as to have refuted or removed the old charge that the medical profession as a whole are more destructive to life than saving of it.

Let the old school of to-day study a mirrored likeness of itself, and place beside it a faithful portrait of its late father, taken not longer than twenty years ago—I remember him well—and it is not unlikely that diligent search would be made for "the connecting link."

The truth is, the old school has unwittingly absorbed much of the usage of Homœopathy, and is now, to a greater or less extent, accepting its principle; and so certainly as the principle is true, the day is at hand when the entire medical profession will recognize its full value and will employ it so far as it proves useful. This hour is near, and before it comes it is well that we should clearly define and put on record the position which we hold, and always have held, in the history of medicine. We distinctly state that we have never resigned any department, or any portion of a department, in the science of medicine. We claim to be the legitimate representative of all past medicine, differing from no other regularly educated medical scholars, except in that we have added to the body of medicine the vast resources of Homœopathy.

All the truths, all the uses, and all the glories of medicine, from its pre-historic birth down to the present moment, belong to us by inheritance, and we have never forfeited or signed away our rights; and we proclaim by word that which our acts proclaim, that there is nothing of use in any department of the whole domain of medicine which we are not willing to adopt, and that openly; nay, more, we consider such to be our solemn duty, in the violation of which we would betray the most sacred keeping ever entrusted to man.

We hold it to be a self-evident proposition that no one part of the unit Nature, or its laws, can be set forth as perfect except as it assists to compose the unit.

Also, that without mutilation no special principle can be separated from the unit principle, and that no special principle can be accepted as a reliable guide unless it be carefully compared with its congeners and correctly explained by that greatest of teachers—experience.

Therefore we adhere to the stand we have always maintained, that it is our duty to investigate everything, and to openly employ whatever may promise benefit, and also to endeavor to weigh all testimony connected with our profession with such impartiality as is vouchsafed to human judgment, and to accept the consequences, whatever they may be—a stand which we regard as being indispensable, no less to the honest practitioner than to the professed scientist.

In the face of these facts we decline to be assigned to an exclusive or intolerant attitude, as it is contrary to all our instincts, our education, and to all the traditions of pure medical science.

#### Clinique.

#### A CASE OF FISTULA IN ANO, WITH A FEW PRACTICAL REMARKS REGARDING THE SURGICAL OPERATIONS FOR ITS RELIEF; AS ALSO THE ACTION OF SPHINCTER TERTIUS DESCRIBED BY HYRTL. By T. G. COMSTOCK, M.D., ST. LOUIS, MO.

Cases of fistula in ano, or more correctly fistula in recto, occur so frequently in surgical practice, that I shall take occasion to call the attention of the profession to a few particulars regarding the surgical anatomy of sphincter muscles.

Some years ago, when a pupil of the University of Vienna, while attending the lectures of Prof. Hyrtl, I first learned the existence of a *Sphincter tertius*. It is remarkable that this sphincter is not mentioned by Gray or other English anatomists. That such a muscle (whose action is really that of a sphincter) does exist, is to me a matter of no doubt; and if such were not the case, the radical operation for fistula (dividing the lower sphincters), would be followed by very unpleasant consequences—in other words we should have as a result, involuntary fecal evacuations. That such an untoward result fortunately does not often occur, every experienced surgeon knows, but the reason for this we shall give by quoting the following, which we have translated from Hyrtl's Anatomy.\*

"The older surgeons were astonished after having divided the sphincter muscles in operations for fistule, that no involuntary discharges of feces followed. Faget found after removing the lower end of the rectum from a patient, that he could retain his feces and flatus, and he explained this upon the hypothesis that a new sphincter must have subsequently formed. Houston was not disinclined to believe that the lower portion of the rectum, where a fold occurs as it passes through the pelvic fascia, was surrounded with a development of circular fibres. Lisfranc, who many times extirpated the terminal portion of the rectum, noticed that such patients were not deprived of the power of holding back their stools, and declared it as his opinion, that as a positive necessity a superior sphincter must exist. Likewise every unprejudiced observer must allow of the existence of such a muscle, for the reason that in prolapus ani, where both the external and internal sphincters are paralyzed, no involuntary stools occur."

"In rupture of the perineum and congenital opening of the rectum into the vagina (cloaca) the same thing happens. Ricord cites the case of a woman, æt. 23, where the rectum opened into the vagina, yet the bow-

\* Handbuch der topographischen Anatomie, Von Josef Hyrtl, Zweiter Band, p. 141, 5te Auflage, Wien, 1865.

els acted regularly, and what is more remarkable, the husband, after having been married three years, had no conception of this abnormal condition of his wife."

"When the index finger is introduced into the rectum of a patient who has had no action from the bowels for a few days, as a rule, just above the anus, no faeces will be found, and yet the column of faeces would naturally sink down to this point, if not held back by an opposing circular muscle. Kohlrausch opposed this view, which presupposes the existence of a third sphincter, because he found upon dead subjects, as well as in patients, hard scybala in the lower portion of the rectum; but I take occasion to mention that the existence of faeces in the rectum upon subjects, simply proves that the sphincter tertius no longer acts, and the same thing in the living (in patients) may be the result of diseased conditions, and which affords an example of an exception to the rule. Enemata which are not introduced high enough into the rectum, are liable to come away immediately; on the contrary, if the canule [extremity] of the syringe is pushed up sufficiently high the injection will be retained a longer time. Dr. O'Beirn called attention to the fact that an elastic tube can be introduced quite a distance into the rectum, before any flatus is given off, and then the discharge comes suddenly. All these observations make it probable, *a priori*, that at a certain distance above the internal sphincter ani, a third sphincter must exist. Nelaton and Velpéau have demonstrated the existence of it as a thickened band of muscular fibres, four inches above the anus. This muscular development is not always easy to find. To find it upon the cadaver, care should be taken that the rectum is not forcibly distended with air."

"In order to demonstrate it well, the rectum should be cut upwards longitudinally and stretched upon a board, and the several layers carefully dissected off, until the muscular layer is reached, when the sphincter tertius, if present, will be seen as a broad bundle of thickly conglomerated muscular fibres. Not unfrequently this investigation will be fruitless as a result, but the physiological fact that there are developed muscular fibres encircling the rectum at this point is not to be doubted. In one instance I have publicly demonstrated the existence of the fibres of the sphincter tertius taking their origin from the sacrum."

"This third sphincter does not permit the excrements (faeces), which are in the sigmoid flexure, and are pressing down, to reach the lower rectum. Only when the desire for an evacuation exists does it relax and allow the faecal column to come down on to the lower sphincters. These latter can voluntarily keep back the stools for a long time, and are assisted in their efforts by the levator ani muscle, as likewise by the buttocks (nates), firmly pressed together, so that when one is unfortunately in such a critical situation, (for obvious reasons), he takes care not to take long steps, or to run. At last these muscles, from having such an unusual strain upon them, become paralyzed, and then follows what, under such circumstances, is, of course, unavoidable. When the lower end of the rectum is removed, or the sphincters are divided, as in the operation of 'rectal fistula,' then the patient will not be afflicted with the most hopeless and disgusting of all ailments, viz., involuntary stools; for when the slightest desire for a stool is experienced, and the upper sphincter is relaxed, the evacuation below is being accomplished, because simultaneously the two lower sphincters will involuntarily be relaxed."

I should perhaps mention that Dr. James R. Chadwick, of Boston, in a very elaborate article,\* regards the sphincter tertius as "a collection of constricting bands, and a part of the general circular layer of muscles, whose function is to dilate before and contract behind the scybala, thereby propelling them on their way, and not retarding them." He proposes to call this sphincter a *Detrusor sacrum*. I did not intend to discuss Dr. Chadwick's

essay, but the facts adduced by Hyrtl are undoubtedly true. I was called in consultation in May last to see a gentleman, who, to avoid a collision, jumped from a railroad train going at the rate of forty-five miles an hour; he struck with great violence upon the end of a railroad iron, which seemed to have raised up, and which penetrated him in the region of the perineum. The injury was so great that it seemed almost as if he was cleft in twain; suffice it to say, the lower end of the rectum was so contused and injured that it sloughed away. Fortunately the patient had, a short time previous to the accident, passed a large stool, and notwithstanding the severity of the shock and loss of blood, with the subsequent surgical fever, he had no operation from his bowels for some seven days. This gentleman has recovered, but the lower portion of the rectum is quite gone, and yet he can control his stool. Is not this an instance of the existence of Hyrtl's sphincter? When we have a fistula of the rectum, why is it necessary to divide the sphincter in order to enable the parts to heal?

1st. Because all efforts at healing, as a general rule, fail, unless we can expose the pyogenic membrane which often lines the fistulous tract. 2d. The healing process is prevented by the constant motions of the sphincter and levator ani muscles; because with every act of respiration they contract, and thus prevent healing; and to do away with this effectually we must make a section of the sphincter. Occasionally cases are reported where a cure results without dividing the sphincter.

Sir Astley Cooper mentions two cases; Ashton\* mentions several in his large experience; Dr. Ordway, of Boston,† reports that he has cured many cases by injection with sesqui carbonate of potash (vegetable caustic); however, such cures are, in the experience of the profession, exceedingly exceptional. In my own experience I know of only one case thus cured: It was a clergyman, who refused to be "cut," and after one year reported to me that he was cured by injections and pressure combined; the pressure was by means of a compressed sponge introduced from time to time within the anus. Patients fear the knife, and willingly resort to salves for relief, and in this respect history repeats itself for the past two hundred years. Louis XIV., King of France, was so unfortunate as to be afflicted with a fistula. His medical attendant seems to have been a real practical surgeon, versed well in surgical pathology, as well as therapeutics. He diagnosed the ailment of the King, and informed His Royal Highness that the cure could be accomplished only through a surgical operation. The King was very shy of being cut, and as various methods of treatment had been proposed for him, "without any resort to the knife," he was shrewd enough to object to have them tried upon his own Royal person, until he should have seen their good effects upon others; and he accordingly ordered a number of his subjects suffering from fistula to be treated in accordance with the different plans which had been suggested. Among other cures, the mineral springs of Barège, as also the waters of Bourbon, were proposed, and to these springs he sent the patients accompanied by a physician, whose province it was to observe the results of the drinking of, and the bathing in the waters, as well as the injecting of the same waters into the fistula. After some months, these invalids were all brought back to Paris, and the fistulae were nearly as bad as when they went thither. Next, chambers or wards were fitted up at royal expense, and the patients with fistulae were there carefully treated in accordance with the various methods of cure of pretenders, who recommended ointments, salves and solutions for injecting, as likewise internal medication. A whole year was spent in this way in experimenting, but not one of the patients was cured by any of these means. At last the king gave in to his sur-

\* *Fistula in Ano, and Hemorrhoidal Affections*, London, 1873.

† *Boston Medical and Surgical Journal*, vol. 90, p. 607.

\* *Transactions of the American Gynecological Society*, Vol. 2, p. 42. Boston, 1878.

geon, Mons. Felix, who operated upon him Nov. 21st, 1887, making the identical operation of the present day—freely opening the sinus into the gut, and cutting through the sphincter. The operation was a success, and the king was, in a short time, perfectly cured. I have taken the liberty of calling attention to the above case, which may be of historical interest to the surgeon of the present day, and may be regarded as classical.

Fistulæ of the rectum may occur in the young or old, and may accidentally happen to those leading a pure and regular life; but high livers and those who are intemperate are especially liable to them.

The following case came accidentally under the attention of the writer: In August last, while on a visit at Le Roy, N. Y., I was consulted by Miss —, a young lady æt. 26.

She informed me that some eighteen months previously, from the effects of a fall, she had suffered from an abscess in the ischio-rectal region, which had finally terminated in a double fistula. For this affection she had been to a "Cure" for five months, and was there treated by the lady physician in charge, who had improved her general health very much, and had endeavored to heal the fistulæ by various injections, and other applications, but without effect. Upon examining the case, I found two fistulous openings upon each side of the posterior commissure of the vagina, extending into the rectum. I introduced a probe into one opening, and found a fistulous tract terminating in the rectum, at a distance of over two and one-half inches above the anus. I then introduced a second probe into the opposite opening, and succeeded in passing it through the tract of the same opening also into the rectum; with one index finger in the rectum, I made the end of each probe impinge upon it. Here, then, was a double fistula with one common opening in the rectum. After this diagnosis, I announced to the young lady's mother that her daughter's ailment could be easily relieved by a surgical operation, the nature of which I explained to her.

Several objections were made to the operation, and I was solicited to try and cure it by other means.

The first objection was that such an operation was not approved of by her last medical adviser, who proposed to cure the fistulæ by placing the patient under the influence of ether, and then forcibly distending the sphincter to paralyze the same, and afterwards to treat the fistulous tracts by injections, and thereby hoped ultimately to affect a cure.

2d. Her last medical adviser regarded the patient as "a bad subject for the healing process, should any surgical cutting be done."

3d. The patient herself objected to the knife. As I had firmly stated that no cure could follow any procedure whatever short of a radical operation, and as the patient was a near relative of mine, and therefore feelings of delicacy were involved in the matter, I proposed that the young lady and her mother should accompany me to Buffalo, to consult Dr. J. F. Miner.

They accordingly did this, and Dr. Miner was consulted Sept. 23d, and he quite agreed with me in the diagnosis, and approved of the treatment as above proposed—in other words, Prof. M. said "it was a case to be treated in accordance with the principles and practices of surgery," that the pyogenic surface of the fistulous tracts should be freely and completely exposed, and incised into the common opening in the rectum, and the sphincter divided. As the patient had at all hazards objected to the knife, as a substitute, I suggested to Dr. Miner the feasibility of operating by ligature, to which he assented. The principle of this operation by ligature is as old as Hippocrates, who used the *seton* in fistula. For improvements in the use of the ligature, we are indebted to Dr. Dittel, of Vienna, who first proposed the *elastic ligature*, which is made of india-rubber, the size of a small whip-cord. The end of the ligature is split with a pair of scissors; then it is threaded in the eye with a

good-sized silver probe; then the probe, armed with the ligature, is introduced into the fistula and pushed into the opening in the rectum, and brought out through the anus; then the two ends are passed through a little leaden ring (not unlike to a good-sized buckshot with a hole through it), and stretched to its maximum tension, then the ring is crushed or clamped with strong forceps or pincers in such a wise that the fistula is included or strangulated within an elastic noose, and this tension steadily maintained until the ligature in time performs the part of a knife by cutting through the sphincter, when it is discharged. This new method by the elastic ligature has not only the sanction of Dittel the inventor, but of Allingham and Sir Henry Thompson.\*

I returned to Le Roy with the patient, and, assisted by Dr. R. Williams, proceeded to make the operation, September 26th, 1878. The bowels were evacuated early in the day with an enema, and Dr. Williams administered to her, by inhalation, a mixture of three parts of ether to one of chloroform: she soon came under its influence, when I introduced an elastic ligature into each sinus, and passed them through the common opening into the gut; the ends of each were then brought through the ring of lead and each one separately clamped, as I have above described. The patient, although delicate and nervous, had no untoward symptoms after the operation, with the exception of a diarrhoea on the fourth day, which soon subsided. One ligature cut through on the eighth day, and the other ligature on the tenth day. The patient was quite comfortable through the whole time of treatment, excepting the slight looseness of the bowels above mentioned, and made a rapid recovery. A little flap or cleft made by the division of the sphincter did not entirely heal for some weeks, but she always had perfect control of her bowels, and at this time, three months after the operation, she is quite well. After the operation, I was obliged to return to St. Louis, but left the patient in charge of Dr. R. Williams, a resident practitioner in Le Roy for twenty-five years past, and to whose careful attention the favorable issue of the case is not a little due.

I am quite certain that experienced surgeons will not give up the knife for the elastic ligature, and the writer of this does not wish to be considered as recommending it above the knife; but it certainly has its advantages, and these I shall take the liberty to enumerate.

#### SUMMARY OF THE ADVANTAGES OF THE ELASTIC LIGATURE.

1. Applicable as a substitute for the knife when patients are delicate, timid, possibly phthisical, and positively decline "to be cut."
2. Appropriate when the opening in the gut is situated unusually high up.
3. Operation followed by no hemorrhage.
4. Patients not necessarily confined to bed after the operation, but may go in the air, and in some instances, even pursue their ordinary avocations.
5. Little suppuration after the operation.
6. Recovery usually rapid.
7. Operation in many cases may be performed at the surgeon's office, and patient get up from the operating chair and go home without discomfort.

Lastly, Dr. Wm. Allingham says: "I do not consider that the elastic ligature can ever supplant the knife in the treatment of fistulous sinuses. In complicated cases the knife must be depended upon mainly, but I am of opinion that the india rubber ligature is valuable in many cases as a substitute, and in others as an auxiliary, to the usually employed method of excision."

\* See Braithwaite's Retrospect, Part 66, 1875, pages 108 and 177; also Part 78, page 208; also Elastic Ligature in anal fistula. Directions for its Use, by Allingham.—Phila. Med. and Surg. Reporter, vol. 58, pp. 158 and 160.

Having given my reasons for using this ligature, supported by surgical authorities, I accordingly made trial of it in this case.



## ACUTE PERITONITIS AS A RESULT OF TRAUMATIC INJURY.

BY GERTRUDE A. GOEWEY, M. D., OF ALBANY, N. Y.

January 31st, was sent for in great haste to see Mrs. S. age 28, mother of two children, who was evidently suffering from acute peritonitis, the result of a fall two weeks previous.

Upon seeing the patient, I obtained the following history. Patient fell upon the sidewalk, which was covered with ice, striking upon the left side of abdomen; was picked up unconscious and carried into the nearest house. Physician sent for; became conscious after two hours of rubbing and bathing, with applications, of the usual restoratives, and then taken to her home.

Two allopathic physicians had prescribed for the patient. The last one called had ordered the day before, a hot-bath.

The patient was put in a tub of hot-water, and she said she thought she would expire in the bath. The following night was taken with a severe chill, nausea and vomiting, followed by sweat, and fever; colic pains, which were persistent and continued up to the time of my visit. I found her moaning from the severity of the pain, lying with her shoulders raised, thighs flexed upon the abdomen, limbs drawn up.

Countenance exhibited the greatest anxiety; large drops of sweat upon the forehead. Pulse, 130, heart, rapid, thready. Respiration thoracic, and forty to the minutes. Temperature 105°; skin hot and biting to the touch.

Upon examination, I found the whole pelvic region so sensitive, that she was not able to bear the least pressure of my hand, the most sensitive spot being on the left side, just above the symphysis pubis.

Tympanites slight. Could not bear the weight of the bed-clothes, the least jar of the bed, or, walking across the room; even the noise of the street cars, and carriages annoyed her. I attempted to make vaginal examination, but had to desist; the least disturbance of the pelvic organs elicited pain. I was, however, satisfied that the uterus was prolapsed and lying upon the floor of the pelvis. Patient said that ever since the fall, she had felt as if everything was protruding from the vulva, or as if the parts were all open, and the pain had been similar to labor-pains.

She had had hemorrhage from the time of the accident until, after the hot-bath, the flow was checked.

For ten days had a thin, watery diarrhoea.

Had not urinated for twenty-four hours; passed the catheter, and drew about two gills of dark colored urine. Patient had slept very little for a week, and taken very little food since Sunday, and this was Friday. I applied hot fomentations to the abdomen of cotton batting, covered with oil silk, to retain the heat longer, and ordered them to be renewed frequently. Gave *Bell.* and *Aconite*.

At four o'clock, P. M., was sent for again. Patient being in great agony on account of the severity of the pain. Pain had not ceased for an instant during the day, consequently she was much exhausted, with great mental excitement.

Prescribed *Opium* every fifteen minutes until relieved, and applied flax-seed poultices mixed with a little lard to keep moist longer, but so great was the heat of the abdomen, that notwithstanding the paste being medium thick, it was dried to a crisp, in less than twenty minutes. And as before I had them renewed frequently. She did not feel the moisture of the paste, but simply the pressure.

I remained with her two hours, until she was somewhat easier and promised to call in the evening.

Visited her again at 9 P. M. Had slept fifteen or twenty minutes at a time was a little more comfortable, as far as the pain was concerned, but the least effort of talking would bring it on again.

Gave one power of morphine, and continued the *Aconite* and *Bell.*

Feb. 1st. Patient had slept some through the night tympanites increasing; nausea and vomiting, with frequent desire for stool, the passages being serous, affording temporary relief of the colic. Urine passed involuntarily during the night. Continued the applications to the bowels. Temperature, 104°; pulse, 120.

Called again at 9 p. m.; temperature, 104½°; pulse, 130; patient so weak that I feared she would expire before morning. Ordered beef tea.

Feb. 2d. Found my patient so weak as not to be able to raise a hand. Could only speak in a whisper, and complained of pain in left arm; no feeling in it; seems as if paralyzed. Had fainted during the night, and again this morning. The soreness was a little less, and could bear the pressure of my hand without causing intense pain.

Tympanites still increasing; the bowels presented a puffy appearance, with great tenesmus and desire for stool, evacuations mucous-serous. Temperature, 103½°.

I insisted upon her taking all the beef tea she could, which fortunately she retained; milk disagreed.

In the evening found my patient a little stronger; had slept two hours, and seemed brighter. Temperature the same as this morning.

Feb. 3d. Patient had passed a very restless night in consequence of one of her children being sick. She now complained of pain in her head for the first time. Tongue coated dark brown, with great distress in the bowels and rectum, evidently from the accumulation of gas in the intestines.

Wherever there is accumulation of gas or fecal matter, it distends the intestines, and this distension stimulates the bowels to act and causes colic.

The muscular fibre of the striated or non-striated muscle is temporarily paralyzed. When the accumulation comes to the paralyzed portion, it is interfered with, and hence causes dilatation of the tube. It may be only paresis, where there is loss of motion, and not sensation.

This no doubt was the cause of the great distress she complained of. I introduced the nozzle of Davidson's syringe into the rectum, which gave relief. This was frequently resorted to in order to relieve the patient of the accumulation of gas.

There was constant thirst, and fever higher than yesterday. Urine passed involuntarily. Patient began to be alarmed. I still insisted upon her taking beef tea, and in the evening, to my great delight, found her better. Temperature had decreased; pulse stronger.

Feb. 4th. She had slept several hours during the night, and now, for the first time, could extend her limbs, although she felt more comfortable in having them flexed. Soreness was much less except at the one spot before mentioned; used the catheter; urine not so high-colored. Tympanites decreasing. The colic pains had somewhat subsided.

The temperature was 102°, and I felt encouraged. She had taken a cracker with her beef tea. I now ordered eggs and soup. In the evening found her about the same; had slept two hours, and to all appearances was improving.

Feb. 5th. Early in the morning was sent for; the pain in the bowels had returned, and my patient was very much exhausted. Her countenance was pale and pinched; large circles under the eyes. Had refused the beef tea on account of nausea. The pain had returned soon after midnight and prevented sleep.

Upon questioning her she said her husband had given her a small piece of toast, to which I attributed all this trouble. I attempted to give her an enema of sweet oil with a few drops of opium, but found she could not retain any of it. I then applied hot cloths to the small of the back, as the greatest distress was in the rectum, and soon found that the applications relieved her. She fell asleep during my visit. When I called in the evening I was told she had slept two hours or more without

waking. The nausea had disappeared, and she again took beef tea. Temperature, 102°. 9 o'clock p. m.

Feb. 6th. Called at 9 a. m. Patient better; had passed a comfortable night. Temperature, 101°. Soreness of the bowels almost gone, and could lie on her side and turn herself in bed for the first time. The desire for stool was less, and all the symptoms more favorable. Urine passed natural and was less colored.

Feb. 9th. Patient greatly improved; had slept nearly all night; urine began to assume its normal condition; stools, which had consisted of membranous shreds and serous matter, were becoming of some consistence and natural color. She could raise herself upon the pillow to take nourishment, and was much stronger. Fever was gone.

She was encouraged, and said that only my care and attention had brought her thus far. Day by day she steadily improved, passing through the period with slight return of some of the symptoms which I anticipated, but I insisted upon perfect quiet. Flow was profuse, which Cinchona relieved. After a proper time I made vaginal examination and found retroversion, with slight adhesions. In severe cases the uterus is more or less interfered with in its mobility, and Boivin and other authors give it the name of "fixity," or "immobility" of the uterus. The uterus can be displaced anteriorly or laterally, but I believe retroversion is considered more often the result of acute peritonitis.

The characteristic product of inflammation being serum, lymph, and pus, and when this lymph is poured out it forms bands and threads, and frequently connects organs together, it ultimately forms new tissue. This lymph becomes adhesive, and finally is organized; then the process of hardening and contraction takes place.

When there is a large collection of plastic material on the surface of the peritoneum in severe cases, and in the second stage, it is apt to become adhesive, and displaces other organs beside the uterus, and which is of more importance. In the first stage of the disease there may be simple engorgement, causing wetness, dryness and pain, but in the second stage we find a different state of things.

As the roof of the pelvis is formed by the vesico-vaginal septum, the lower extremity of the uterus projects as it were, through the roof, the upper part of the fornix vaginæ, and the utero-sacral ligaments; above this the organs of reproduction float, and if my memory serves me right, Woorst expresses it "in an atmosphere of cellular tissue." Now then, if we have a mixture of serous, and plastic material poured out from the surrounding tissues, we can form some idea of the sense of touch; instead of an elastic tissue, we find the roof of the pelvis ligneous. This false membrane interferes more or less with the functions of different organs, and may cause permanent injury to the ovaries, and extend to the Fallopian tubes, producing salpingitis; atrophy or hyper-plasia may result—excess, or defect of nourishment—and this may apply to all the different organs, and even extend to the bladder and rectum.

Peritonitis must be distinguished from periuterine cellulitis, the same as endocarditis from pericarditis. The two affections are distinct from each other, but often are present as complications, similar to pleurisy and pneumonia. I think there is a closer analogy between peritonitis and pleuritis than any other two diseases, on account of the effusion of plastic material.

The diagnosis between peritonitis and periuterine cellulitis may be simple enough, and at other times difficult. When cellulitis is confined to the tissue most adjacent to the uterus, the diagnosis is more difficult, but fortunately this is rare.

Periuterine cellulitis is more commonly found after parturition, abortion, or operation upon some of the pelvic viscera, not usually found in the non-pregnant female. The disease is considered not an idiopathic

affection, but symptomatic of some other diseases of the pelvic organs.

According to statistics, from one half to two thirds of the cases arise from parturition or abortion, and are usually accompanied with dysuria and metrorrhagia.

Peritonitis admits of less local interference, and is a more common affection than is usually supposed. Exposure during menstruation is a common cause.

Simple peritonitis may exist with few symptoms; may have only fever, or pain and tenderness without fever. After once having the disease patients are prone to have recurrent peritonitis, at the period of ovulation; being a physiological function, the disease is apt to be excited, and hence menstruation becomes a predisposing cause of peritonitis.

Some authors claim that peritonitis is only secondary, and arises from other causes. Dr. Barnes says he has seen peritonitis result fatally from applications of nitrate of silver, to the os uteri. We do not doubt this, as some individuals who possess a peculiar diathesis are very prone to diseases of an inflammatory character.

But to return to my patient. She is now under treatment for the conditions before mentioned. I hope to be able to relieve her by breaking up the adhesions which are slight, and restoring the uterus to its normal condition.

Amenorrhœa, dysmenorrhœa, and sterility, are usually the lesions which result from acute and chronic peritonitis, and pregnancy is sometimes the only condition that will break up the adhesions, and enable the pelvic organs to perform their function normally.

At the time of writing my patient is up and about the house, convalescence having gone on rapidly.

The remedies used were *Aconite*, *Bell.*, *Mercurius Sol.*, *Arnica*, *Rhus*, with occasionally a powder of *Morphia* during the first few days, to allay the intensity of the pain. *Arsenicum*, *Cinchona*, during convalescence. *Arnica* did not seem to produce the least effect. *Mercurius* and *Rhus* being the principle remedies relied upon, having noticed that after giving *Rhus* my patient commenced improving. Hence the query: Would not *Rhus* have been homœopathic to the conditions at first, or within the first few days, on account of the disease being excited by a fall?

Bertie attaches great importance to *Mercurius* in typhoid fever. He says it prevents intestinal salivation, and certainly it proved a very valuable remedy in this case.

You will observe that on the second day of the attack, I gave beef-tea, and paid great attention to her receiving proper nourishment. I am convinced that if I had not tried to keep up her strength I should have lost the case. No solid food of any kind was given for three weeks with the exceptions of cracker and toast, which was given against my orders. The cracker did no harm; not so the toast.

The patient received no stimulant. I feel proud of carrying this case through, coming as it did from allopathic hands, the last physician called being a successful practitioner of this city, and somewhat noted for his accurate diagnosis.

He apparently had paid little attention to the patient, saying there was not much the matter with her, and had not attempted to make any examination of the pelvic organs even by palpation or percussion.

CHOREA.—Dr. Purkhauer recommends propylamide as a prompt remedy in chorea, given in from fifteen to twenty grains a day. He dissolves in four ounces of water and gives a spoonful every hour.

GLEET.—Dr. Gross recommends in gleet stretching the urethra with nickel-plated conical bougies.

# The Homoeopathic Times.

A MONTHLY JOURNAL

Of Medicine, Surgery and the Collateral Sciences.

Editors:

EGBERT GUERNSEY, M.D. ALFRED K. HILLS, M.D.

J. B. GILBERT, M.D.

Published on the First of each Month.

Office, 18 West Twenty-Third Street, New York.

NEW YORK, MAY, 1879.

*"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the ONLY ACKNOWLEDGED RIGHT of an individual to the exercise and honors of his profession."—Code of Medical Ethics, Amer. Med. Ass., Art. IV., Sec. 1.*

## A GREAT PROBLEM.

There are two ways to deal with a great social evil; one to ignore its existence, and deal only with its results; the other to recognise it as a part of our present condition of society, but surround it with such restrictions as will protect the community from those seeds of disease which may reach the innocent as well as the guilty. In looking at the question of prostitution, and the duty of the State in connection with it, we cannot, as a profession, take the high moral ground that it is a vice so vile that it must be let alone by the State or trampled under foot and crushed out by the strong power of the law. We, as practical men, as guardians of the public health, should look at the question from the standpoint, not of what ought to be, but what is, and meet it fairly and squarely as it exists now, and as it will exist, in spite of legal enactment, so long as human nature is what it is, and so long as society is constituted as at present. When, in the far future, the pulpit, the press, the drama, and above all, the mothers, shall have educated the world up to a purer nature and a higher life, this vice, whose baneful influence is now seen everywhere, will die of inanition. Until that time, let us deal with it as a thing present, which we cannot crush out by any legal enactment or any fulmination of the pulpit or anathemas of would-be moralists. We can depose it of much of its power to scatter through the community seeds of disease and death, and to this, as a profession, our attention should be directed.

In France and in the German States, prostitution, as a profession, is under the strict eye of the law, to the great benefit of the public. Every house is registered, and every public prostitute known to the authorities. At stated times, a careful examination is made, and thus the parties themselves and the public at large protected, to a great extent, from the ravages of loathsome disease, which has done more than anything else to taint the current of human life.

The supervision of this matter could not well be in the hands of the police, but should, we think, be under the control of the health department. This commis-

sion, as a distinct organization, should be abolished, and form a part, as an important bureau, of the commission of charities and correction. At the head of this bureau should be placed a statesman of rare executive abilities; of broad and comprehensive views, fully competent and with ample power to deal wisely with this great social question. In such hands the problem could be handled wisely and practically to the great benefit of the community. In incompetent hands any interference with the matter could only be productive of harm.

The question is not one to be treated in haste, but to its consideration should be brought the most profound wisdom, directed solely to the good of the community.

## MEDICAL ETHICS.

The case of Dr. Moses B. Pardee, of South Norwalk, Ct., which has been on trial before the Fairfield County Society, and which resulted in the expulsion of Dr. Pardee from that body, has made a profound impression upon the minds of the better class of thinking people from an ethical point of view, regardless of their opinions respecting the different modes of practice.

The facts of the case are, that Dr. Pardee is a graduate and practitioner of twenty-five years, and his professional and social standing in his community are unexceptionable.

Dr. Emily V. D. Pardee, his estimable wife, is a graduate of the "N. Y. Med. College and Hospital for Women"—a regularly incorporated medical college where all the branches of medical science are taught, including the theory and practice of Homoeopathy—and against whom no charge of unbecoming conduct can be maintained.

The local press makes the following statement of the case:

"Their main cause of vexation was, and is, the fact that Dr. Pardee's wife graduated from a Homoeopathic Medical College and practices according to Hahnemann. Previous to this departure on her part Dr. Pardee was all right; since then he is all wrong. Evidence was and is wanting, that is, respectable evidence, to prove that he has disregarded any of the rules or regulations that govern the society. During the past twelve months certain members of the society have succeeded in making five persons sign their prepared lies. Two of these five were paupers, one could neither read nor write, but his mark answered every purpose; another was a poor young German sailor boy and the remaining two were women of unenviable reputation whom Dr. Pardee had refused to attend professionally and who were glad of a chance to injure him. When our old and respectable citizens give satisfactory evidence against Dr. Pardee the community will listen; but when roving sailor boys and town paupers can alone be coaxed into it, the intended injury is rather reflected on the narrow-minded blockheads who spend their time gathering such stuff. The society voted to expel Dr. Pardee, but whatever decision the state society, to whom the matter is referred, sees fit to give it, will not interfere with his ability or right to practice as he has done for twenty-five years."



Drs. Pardee stand together as *physicians*, no matter to what extent they may disagree as to the application of therapeutic agents.

Now, because the wife is supposed at times to administer drugs in a manner unknown to and different from that of many members of the "Old School"—and probably different from that of her husband, who is supposed to belong to the "Old School"—her husband is taken to task, and expelled from his medical society on account of consultation with his own wife upon medical matters.

The matter has been referred to the State Society, and if we are not mistaken the Doctor will be reinstated in his County Society if the investigation proceeds under the Code of Ethics of the American Medical Association, Art. IV., Sec. 1.

In our opinion, Dr. Emily Pardee cannot be shown to be other than a "regular practitioner," and no society or individual has a right to inquire into the medical beliefs or practices of any other individual.

As a scientific organization, no medical society has a right to require as a qualification for membership the belief or disbelief in any dogma, theory or anything else. Its members should unite for the discussion of medical topics perfectly untrammelled by creed or prejudice, and we feel safe in saying that the lady in question considers herself a *physician first* and a therapist afterward, with a belief founded upon experience in the use of "*small and frequently repeated doses*" administered according to the law of "*similars*," and we do not believe that the aforementioned "Code" is in any manner violated by such practice.

Consequently, 1st, Mrs. Pardee as a "regular" physician, could subscribe to the Code of the Amer. Med. Assn., and continue any mode of practice she might deem proper in the particular case, so long as she does not claim to be bound by any exclusive dogma.

2nd, Dr. Moses Pardee has violated no medical or social code in his consultation with his wife, and hence must be reinstated. We hope the case will be pushed to a speedy conclusion, and whatever that may be, there can be no doubt as to the sentiment of the general public in regard to the matter.

It is this constant wrangling of professional men over non-essentials, that brings ridicule, and thus impairs their usefulness as a body.

What we would like to see as a basis for professional standing is "simply a regular medical education," including, of course, "the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry," this being sufficiently broad to cover the "experience" in homœopathic therapeutics.

#### HOMŒOPATHIC MUTUAL LIFE INS. CO.

The Superintendent of the Insurance Department of the State of New York, having made a careful examination of the standing of this company, finds its capital stock, which was originally \$200,000, impaired to the extent of \$134,303.41, of said capital and demands of the company that its stockholders make good the deficiency

or that its capital be reduced one-half. The directors have therefore reduced the stock of the company from \$200,000 to \$100,000, thus giving every shareholder, one half of his original investment in stock. The stock has paid no dividends for several years, notwithstanding the glowing statements which from year to year have flooded almost every homœopathic physician's office in the United States, of the immense popularity of the company, and its economical and efficient management. The praises of this company have been sounded through the majority of our homœopathic medical journals; its earnest missionary work carefully noted, and every homœopath urged to contribute to the success of an institution so brilliantly conducted. The light of legal investigation has at length been directed upon the workings of this "*prosperous, economical,*" and wonderful company, and—we have the truth at last.

### Correspondence.

To the Editors of the Homœopathic Times:

In your issue of March I find an Editorial on "Homœopathic Principles," upon which I desire to offer a few comments. I do this more particularly because you offer a suggestion to the Committee appointed at the last meeting of the State Society, which is certainly worthy of careful consideration.

In the first place, I desire to thank you for the calm and dispassionate language of your article, and earnestly hope that all who enter into this discussion may be equally thoughtful.

In my own behalf I would say that I have no pet theories to advocate, nor private ends to gain in this controversy; I only desire the good of my professional brethren and the upholding of that particular branch of Therapeutics in which I believe, and with which I have been identified for years. I shall endeavor, as best I can, to consider fairly and honestly those opinions with which I am at variance.

Individually, I would have been perfectly willing to have had the "code" our standard of orthodoxy. Not adding to, or erasing therefrom, one line. But, unfortunately, last year, a preamble and resolution were passed, put upon record, and now appears in our published transactions, that does the very thing to which you object.

Very many of our School honestly think that this resolution as adopted by our State Society vitiated and, perhaps, nullified our "Code," as an enunciation of Homœopathic principles. Many of our opponents of the Allopathic School took the same position, and declared that we had renounced Homœopathy, and hailed with triumph our discomfiture and defeat.

I do not believe that the movers and endorsers of the resolutions of 1878 had any such intention as seems to have resulted from their work. I believe them to be good men and true to our principles, but mistaken in their ideas of the necessities of the case, and unfortunately in expressing the position that they desired to assume. In view of such diversity of opinion as to the meaning of this declaration of principles, already adopted by our State Society, is it right, or even possible, to let them remain unexplained upon our records?

I do not think it would be just to the originators of this resolution to simply expunge it from the records. They certainly believed that their position before the medical world was a false one, and desired in this way to rectify it. Should we do right by them to now simply put the matter back where it was before, without an effort to right their grievance? Would we not err as greatly, as we would, if, seeing our mistake, we should

refuse relief to those other faithful men of our School, who are feeling so deeply the supposed injustice done them by this declaration of a body to which the honor of their professional characters is committed?

I am not pleading the cause of the resolutions reported by the Committee of this year, at all, in this communication. Written in haste and amended in Committee, they do not now read as I hope they will when adopted by the Society. But is it not possible to unite upon some more elaborate enunciation of belief than the resolutions of 1878, not as a condition of membership to our societies, but as a declaration of our present position; broad enough to meet the points, attempted to be covered by the resolution of last year, and faithful enough to our trust as Homœopathic physicians, to let the world understand, that we are not disloyal to the doctrines we have upheld for so many years?

I am not sure but I could be satisfied with the position we are now in. The resolutions of this year, as reported by the Committee, were unanimously accepted (not adopted) by the Society, an act that shows that, at all events, we are not destitute of cohesion as a body, nor of principles which in some form we all endorse.

The resolutions have been sent to every Homœopathic physician in the State, and will show our distressed brethren that we certainly have not yielded our belief in Homœopathy. Perhaps it would be better to let the matter drop just here. If so, I am sure the Committee themselves will have no serious objection. It strikes me, however, that

1st.—The resolution of last year should not be rescinded and expunged.

2nd.—That it should not remain upon record without some such extended explanation, as the resolution of this year contemplates.

3rd.—That it is extremely unfortunate that any such action was had as in 1878, or is necessary in 1879.

Yours,

Jno. J. MITCHELL.

NEWBURGH, N. Y., April 10, 1879.

## Reports of Societies.

### THE MILWAUKEE TEST. ANNOUNCEMENTS BY THE COMMITTEE OF THE NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY.

At the annual meeting of the State Homœopathic Medical Society, held February 12, 1879, a communication was read setting forth the purpose, on the part of the Milwaukee Academy of Medicine, of instituting a thoroughly practical test of the efficacy of the thirtieth Hahnemannian potency, and soliciting the coöperation of homœopaths.

In compliance with the invitation, the following resolution was adopted:

"Resolved, That we approve the series of experiments instituted by the Milwaukee Academy of Medicine with a view of determining scientifically the medicinal powers of the thirtieth Hahnemannian dilutions, and hereby recommend that a committee of this Society be appointed to coöperate with the committee of the Milwaukee Academy for the purpose of promoting the proposed investigation."

#### CIRCULAR LETTER BY DR. H. M. PAINE.

The undersigned was appointed chairman of a committee of the New York State Homœopathic Medical Society to carry out the purposes set forth in the foregoing resolution. It is desirable that the active assistance of the homœopathic profession may be secured for the following reasons:

1st.—There is an honest difference of opinion regarding the curative efficacy of highly potentized remedies.

2d.—This difference of opinion exists because the evidence adduced in support of these preparations, while abundant to convince a portion of the members of the homœopathic school, is not accepted by a large number of homœopaths, because it is, in their opinion *ex parte*, hence insufficient to meet the requirements of modern scientific investigation.

3d.—The evidence is considered insufficient also, because hitherto it has been obtained mainly by individuals who are prejudiced in its favor, hence their statements are unreliable, and hence, also, the obvious superiority of carefully conducted trials under the supervision of a society of competent experts.

4th.—This being evidently an attempt to enter upon a thorough and impartial test by those well qualified to conduct so important an investigation, the assistance of the profession is cordially solicited.

Those who desire to procure a supply of the material to be tested, and full information regarding the method proposed by the Milwaukee Academy, are requested to communicate at once with the undersigned.

It is desirable that this investigation may be promptly entered upon, and faithfully and thoroughly conducted by a large number of homœopaths.

H. M. PAINE, M. D.,  
105 STATE STREET, ALBANY, N. Y.

#### CIRCULAR LETTER BY DR. THOMAS WILDES AND

M. M. GARDNER.

As two of the committee appointed by the Homœopathic Medical Society of the State of New York, to coöperate with the Milwaukee Academy of Medicine in its proposed test of the thirtieth attenuation, after due reflection and consideration, we protest against such test, and advise that the Homœopathic Medical Society of the State of New York do not commit itself to any such action, for the following reasons:

It would be calculated to destroy confidence in attenuations as high as the thirtieth, and thereby do great injury to our school.

The mode proposed can never be satisfactory as a test, because under certain conditions a remedy will act with clearness and distinctness, and in other cases, where these conditions are absent, will not be felt at all. In one individual the drug may be a similar irritant in the direction of his weakness, and then will act with a power and fullness of expression, which will leave no doubt of its presence and of its qualities. In another individual, in whom there is no tendency to the direction of the remedy, it may produce no appreciable effect. One person may be highly impressible and his resisting power weak. He may show the action of a drug in all its effects. Another is strong in his resisting power. His impressibilities must be less, and the disturbing action of the attenuation will be scarcely felt in his system.

This truth is exemplified in the frequent experience that one person may be exposed to the contagion of small-pox, disseminated in the air, and yet resist its action. It has no power on him. Is it a proof that the small-pox virus is not in the atmosphere, because the man is not stricken? A robust man may laugh at the contagion of small-pox and deny its existence; and may laugh at the power of the thirtieth attenuation and deny its existence; and yet his feebleness and more impressible brother may be brought to death's door in the same locality with confluent small-pox, or have all the sufferings from a drug in the thirtieth attenuation.

An individual is vaccinated. He resists the power of the vaccine, for it will not take. Another time, when his conditions are altered, the vaccine is developed in all its fullness of action.

Now, if this be true, how can the proposed plan of the Milwaukee Academy be any reliable test of the power or action of the thirtieth attenuation of a drug? What possible value can such a test have? How can

\* Drs. H. M. Paine, Thomas Wildes, M. M. Gardner, committee.

its advocates avoid the inference that their proposed test discredits and damages homœopathy in the house of its ministers and friends?

THOMAS WILDES, M.D.,

24 West 26th Street, New York.

MARCELLO M. GARDNER, M.D.,

12 Steuben Park, Utica, N. Y.

SUPPLEMENTARY STATEMENT BY DR. H. M. PAINE.

The committee, in their efforts to comply with the provisions of the resolution, were unable to agree upon a form of an announcement; accordingly they have presented two statements. The form signed by the chairman was submitted to the other two members; they, however, preferred to prepare one of their own, to which they have affixed their names.

It is not my purpose, in this connection, to criticise the attitude which my colleagues, the representatives of high potency interests, have assumed. The position they have taken and the argument advanced, seem to me peculiar. They presume to "advise" the society not to do that which it has already done. They were appointed to perform certain specific duties. Instead of doing them they have virtually declined to obey the command of the Society, and have given their reasons therefor. Whether this course will prove the wisest and best in the end, I am not now disposed to discuss. Their argument and the position they have assumed, call for on my part, a further explanatory statement in support of the Milwaukee test.

There is on the part of many homœopathic physicians a wide-spread and growing want of confidence in the use of highly attenuated remedies. Homœopaths are more and more distrusting the alleged cures by spiritualized remedies. They are losing confidence in them because failures are the rule and cures the exception. Many do not believe that alleged cures by the thirtieth or any high potency are homœopathic, believing them to be brought about by some other means than that of the medicines employed. They claim that the remedy has no influence in securing the result, however well-selected or apparently homœopathic to the case. They believe that the success of these remedies does not depend upon their homœopathicity to the disease. They deny that homœopathic remedies in an immaterial form exert any curative action.

If I understand the object of the Milwaukee trial, it is to throw light upon this posological question. The thirtieth potency was selected because it was not supposed to contain the least possible quantity of medicine in a material form. It fairly represents medicines in a spiritualized form. Then, too, it was Hahnemann's favorite potency: It is the one regarding which he said: "*It (dynamization) must stop somewhere, it cannot go on to infinity.*"

My colleagues freely admit that highly attenuated remedies "under certain conditions act with clearness." It is a notable fact that these conditions are very obscure. It is very desirable, therefore, that every reasonable effort designed to clearly define the conditions involved, should receive the hearty endorsement of both the high and low potency parties in our school, in order the better to determine whether the curative action of the so-called remedy depends upon its homœopathicity to the disease for which it is given.

All physicians recognize the fact that the susceptibility to certain remedies differs greatly in different persons. In taking cognizance of this fact they desire to ascertain whether it is necessary to divest the remedy of all presumptive evidence of the presence of material quantity. Is it necessary that the remedy be reduced to a spiritualized form in order to more effectually control the susceptibilities of the human organism? Those who believe in high potencies stoutly assert that it is, and that when thus attenuated its curative power is greatly increased.

In support of their position they offer the results of their own experience. Such evidence, while conclusive to themselves, is *ex parte*, and as we believe, deficient in the essential elements demanded by scientific investigation.

In order to throw light upon this posological question, which, in reality is the only one at issue, we propose a test which we consider far more satisfactory and far less liable to error, than any supported only by individual clinical experiences. We do not suppose that this test will definitely settle the question of the law of potencies one way or the other. We do believe, however, that it will furnish far more credible and trustworthy evidence bearing upon the elucidation of the law of potencies than any hitherto offered.

In connection with this trial it is important that the homœopathic profession of this state bear in mind:

1st. That the membership of the Milwaukee Academy embraces the representatives of both high and low potencies.

2d. The plan proposed is undertaken by a society of competent physicians.

3d. The plan bears evidence of thoroughness, impartiality and scientific accuracy; and if faithfully carried out, will furnish credible evidence for or against the efficacy and practical value of high potencies.

4th. Those who are conducting this trial are honest, conscientious, and have the good of homœopathy at heart as sincerely and earnestly as any other equal number of homœopathic physicians.

5th. The only method by which confidence is highly attenuated remedies can be restored is by means of just such rigid and impartial tests, conducted by organized homœopathic associations.

6th. It is desirable to endorse and aid this proposed test until a better or more conclusive one is offered.

7th. No possible harm can come to homœopathy from such an investigation, conducted under homœopathic auspices, by searchers after truth.

8th. Let none who believe in the utility of high potencies be dissuaded from participating in this trial.

SUPPLEMENTARY STATEMENT BY DRs. THOMAS WILDES AND M. M. GARDNER.

The supplementary statement of Dr. H. M. Paine, says: "They"—meaning we who made the majority report—"presumed to advise the society not to do that which it had already done. They were appointed to perform certain specific duties. Instead of doing them, they have virtually declined to obey the command of the society, and have given their reasons therefor."

In the resolution under which we were appointed, it was "resolved that we approve of the series of experiments instituted by the Milwaukee Academy of Medicine, with the view of determining scientifically the medicinal power of Hahnemann's thirtieth dilutions, and hereby recommend that a committee of this society be appointed to coöperate with the committee of the Milwaukee Academy for promoting the proposed investigation."

By the terms of the resolution, the medicinal power of Hahnemann's dilutions is to be determined *scientifically*. Now, we think we have clearly shown that there is *no science* in such proposed investigation, for there is *no certainty and no test*. And after coming to that conclusion, we deemed it our duty to so report to the society.

By the resolution of the Milwaukee Academy the provers must be physicians who have faith in the efficacy of the thirtieth dilutions. Our Hon. Chairman, Dr. Paine, is not qualified to make, or participate in the proposed test, as it is seen by his own showing in his papers hereto annexed, that he has no "faith in the efficacy of the thirtieth dilutions."



## HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

Proceedings of the Twenty-eighth Annual Meeting, held in Albany, February 11-12, 1879.

Prof. Dowling spoke as follows:

Mr. President—Ladies and Gentlemen. I hold in my hand what purports to be a copy of the Transactions of the Homœopathic Medical Society of the State of New York, for the year 1878. For the first time—two days ago—I took up this book for careful perusal, and as I read, my blood boiled with indignation. It is what I find printed in this volume of transactions which has prompted me to rise to a question of privilege. I regret that I was not present at the last annual meeting of the State Medical Society.

I regret, and can but express surprise, that in a great Medical Society like this, there was not a person present who would venture to offer a protest against the one-sided intemperate speeches made in advocating certain perfectly proper resolutions offered by my friend of years gone by, my friend of to-day, Dr. Watson.

I say proper resolutions—undoubtedly intended so to be. But if my friend had carefully considered those resolutions before presenting them—if he had known that those resolutions would have opened the gates for a tirade of abuse, upon an institution whose trustees and faculty have been and are endeavoring to do their whole duty by those whose medical education has been intrusted to their care; their whole duty by the Homœopathic profession of the State of New York; their whole duty by the profession of the entire country—I say if he had considered this he would, as the friend of right, as the friend of Prof. Carmichael, have worded these resolutions something like this—(Resolution as passed was read.)

*Resolved*, That this Society appoint a committee to enquire into the truth of certain statements reflecting upon the honor of the Trustees and Faculty of the N. Y. Hom. Med. College. Statements to the effect that Dr. Carmichael has been through feelings of personal malice on the part of certain members of the faculty, removed from his position as teacher of anatomy in said College. Said Committee to report at the next meeting.

No objection could have been offered, and the society would have been saved the disgrace of having printed in *bold type* in its annual transactions, *speeches intemperate in tone, untruthful in substance*. Speeches containing statements, which if true, would brand all connected with that college with shame.

Now, Mr. President and members of this society, I wish it distinctly understood that in the remarks I shall make, I am actuated by no feelings of malice—no feelings of anger towards any one—but must confess sorrow and mortification, that in so large a body the N. Y. Hom. Med. College—the Dean of that college—had not a single friend ready to enter a protest, in the absence of every member of the faculty, against unproven statements, calculated to disgrace that faculty; that Dean, in the estimation of all who should hear, read, and believe those statements.

Probably all present are not familiar with the workings of the New York College.

Nearly ten years ago, owing to certain supposed irregularities—owing to misunderstandings—and a lack of harmony between the members of the faculty, the Board of Trustees who have the power to appoint and remove incumbents of the various chairs, in virtue of their authority, declared all the chairs in the college vacant and proceeded to reorganize the faculty. Among others an invitation was extended to Dr. Carmichael, who was tendered by the Board of Trustees the chair of anatomy in the new faculty. A letter was received in reply from Dr. Carmichael, declining the offer, and stating as his reason for declining, that the N. Y. Hom. Med. College as reorganized, had no le-

gal existence. And he himself shortly after attempted, with others, to establish a rival college, a notice appearing in one of the daily papers which read something like this: "At last it is an established fact that a Hom. Med. College is to be opened in the city of New York." In this notice Dr. Carmichael's name appeared as Prof. of Anatomy.

The existing college was ignored. A quarrel was opened which was not, however, entered into by our faculty. Surprise has been expressed that any but friendly feelings should exist towards so renowned a professor. These acts of his certainly could hardly be expected to engender the most friendly feelings towards him.

Prof. McDonald was appointed to the chair of anatomy, and filled the position for two years. At the end of that time, desiring to devote his attention to gynecology, he resigned the anatomy professorship, and was appointed by the Trustees, Professor of Gynecology.

The chair of anatomy was now vacant, and two years had elapsed (time has a tendency to heal breaches); again Dr. Carmichael was approached on the subject of lecturing in our college. We offered him the position of lecturer on anatomy with the title of professor, agreeing to give him should he accept, \$500 for his winter's service. He was not appointed to a full professorship. At that time it was not considered best to so appoint him.

Up to this time not a single member of the governing faculty had received a dollar for his services. Professor McDonald, for filling the same position, had received nothing; and until the last three years not a man of us had received any compensation for our services. Although I, as Professor, Registrar and Dean, have given ten years of labor to that institution, all I have received in the way of compensation is \$450, and this divided into three annual installments of one hundred and fifty dollars each.

We paid Dr. Carmichael five hundred dollars a term for two or three years. He then complained that his compensation was too small. It was too small, but all we could afford to pay—and just five hundred dollars more than any of us were receiving. Up to three years ago the only teachers who received compensation for their services were the lecturers on *anatomy, physiology and chemistry*. These chairs being difficult to fill with competent men we were obliged to employ lecturers on a salary to fill them, each receiving the same amount.

At this time, in compliance with Dr. Carmichael's request, we raised his salary to nine hundred dollars, for the term. He agreeing to superintend the practical anatomy room. He continued for two years to receive this amount annually, notwithstanding the fact that no member of the governing faculty had received a dollar. I mention these facts in regard to these paid lecturers to show you their relationship to the college. They were engaged each year. At the end of the college session—their engagement—their term of service expired. We changed our lecturer on physiology. Fault was found with our teacher of chemistry, and we declined reengaging him and sent to Washington for the present incumbent of that chair.

I hold in my hand a copy of the minutes of the annual meeting of the college faculty held May 8th, 1875, and will read. "The object of the meeting was to discuss the arrangements which should be made with Prof. Carmichael in the chair of anatomy and the Practical Anatomy department.

It was proposed that the Dean should see Prof. Carmichael and report at a subsequent meeting as to the terms upon which the services of Prof. Carmichael might be secured for the next session.

This proposition was then put to vote and carried in the affirmative."

(Signed,) F. S. BRADFORD, Sec'y.

As I told you Prof. Carmichael was receiving at that time \$900 for his winter's services.

I addressed a note to him in compliance with the instructions of the faculty asking him the lowest terms on which he would agree to lecture for the coming season.

I will now quote from the Secretary's minutes of May 21st, 1875.

Regular meeting. The Dean read a note from Prof. Carmichael asking \$1800, salary as Prof. of Anatomy and Superintending Practical Anatomy room."

I would say on the reception of this note—realizing that the faculty would be unable and unwilling to pay that amount—especially as they were receiving nothing for their services, I commenced looking around for some one else to fill the position, and had the name of a thoroughly competent man to present to the faculty.

But "Prof. Lillenthal stated that he had seen Prof. Carmichael this A. M. and that he had stated his willingness to serve for \$1300.

"It was then moved that we offer Prof. Carmichael five hundred dollars for his lectures and four hundred dollars for superintending the practical anatomy room—motion carried."

And in view of the fact that his course the previous year had not been completed, the following was added to the motion and unanimously carried. "That he be urgently requested to so arrange his lectures as to embrace the whole of descriptive anatomy during each lecture session."

I quote this resolution taken from our minutes in reply to the question which has been put—"Why did you remove so eminent and renowned a man from your faculty?" One reason was, because his course of lectures although able as far as it went, was not a complete course.

Prof. Carmichael accepted these terms and delivered another course of lectures in our college.

At the end of that term when the question of filling the chair of anatomy came up for consideration. It was resolved that the name of Dr. F. E. Doughty be sent to the Board of Trustees for that position. Dr. Doughty's nomination was confirmed by the trustees and he has ably filled the position ever since.

I trust ladies and gentlemen you are now familiar with the relationship existing between Dr. Carmichael and the N. Y. Hom. Med. College.

He was employed because at the time we considered him the best man we could obtain. After he had served for several years we decided to make a change, because we believed the interests of the students would be enhanced by that change. I have alluded to intemperate speeches made in advocating these resolutions and will read from the transactions of this society a portion of the speech of Dr. Wildes.

Dr. Carmichael—He says—"His ability as a teacher being admitted the question would naturally arise—Why was he removed from the faculty of the New York Homoeopathic Medical College?" "My belief, Mr. President is that there was no reason whatever for his removal excepting for the gratification of some personal spite."

Why this hue and cry about personal spite, personal motives? Take care! Let him who is without sin amongst you cast the first stone. Are you sure, gentlemen? (I refer to the originators and movers in this matter.) Are you sure—you in the action you have taken—were not actuated by personal dislike, by personal motives, or what is equally culpable (if this institution is the property of the entire profession, as you contend, and we acknowledge it is.) Are you sure you were not actuated by what is equally culpable, *personal like?*

At the time Dr. Carmichael was appointed to his position in the college, the faculty, owing to his own actions, had but few reasons for feelings of friendship towards him. Were they in the filling of this chair prevented from endeavoring to supply an able teacher,

by feelings of personal dislike? No. We believed at the time it was for the interest of the students to extend to him the invitation we did, for we had never doubted, and do not to-day, doubt his ability.

Again Dr. Wildes says "When the president of the faculty was finally asked why Prof. Carmichael was removed, the answer came—because his examinations were too rigid." They were none too rigid. Our students answered his questions well. But they were too lengthy. *Four pages of closely-printed questions* in one department (?) to be answered in writing. Why, a man could have written a whole anatomy in answering those questions. Carry yourselves back to your student days, at work from noon till midnight over one examination—one out of some eight or ten. Would you have considered such an examination necessary? Would you not have considered it too lengthy? We did consider this matter in faculty meeting, and we had the interests of the students at heart when we passed the following resolution, which I have copied from the Secretary's minutes of March 30th, 1876:

"Resolved, That the questions in each department shall be of such number and character as can be reasonably answered by the students in three hours. Carried."

I appeal to you, Mr. President—Is not three hours sufficient for a final examination in any one branch?

Again Dr. Wildes asserts that the trustees of the college protested against his removal. Strange. I was present at this meeting, and knew nothing of that protest till I saw it recorded in the minutes of your last annual meeting. If they, the trustees, had felt the necessity of protesting against his removal, would they not have exercised their rights, and prevented his removal?

Why was he removed? He was not removed. He was simply not re-employed, because a majority of the faculty believed, as they supposed, with excellent reasons, too, that the chair could be filled to better advantage, as far as the welfare of the students was concerned.

Suppose the gentleman's statement is true, that certain of the faculty insisted that he should be removed, on the plea that his removal was necessary in order to insure harmony in the faculty. Not harmony necessary among a body of men working for one common object? If, to secure harmony, this action was necessary, I should consider it a very cogent and sufficient reason for the change.

I quote again from the remarks of my friend: "And now the question arises—Is the Hom. College in the city of New York a private corporation, run in the interest of a few men, perhaps three or four, to the exclusion and, perhaps, the detriment of all others in the profession? or is it the property, if I might so express it, of the entire homoeopathic profession of the State of New York?"

In reply to this question, I wish to state most positively the college is *not* run in the interest of a few men, but in the interest of the entire profession. It is not the property of a few individuals, but of the vprofession throughout the entire land. In the past we have worked hard in the interest of those whose medical education has been entrusted to our care. In the future we shall work equally hard in their interests.

Dr. Wildes again says, I believe, that the college should be made to listen to the voice of sixty members of the profession in New York city, who signed a petition, one year ago, embodying the sense of these resolutions, and to which no response has been received. Those who signed that petition are powerless in the face of the organized set who run the college."

Such kind, such courteous language. "Why was he not re-instated in response to that petition?" By whom was this petition signed? Did it emanate from those most directly interested in the welfare of our students, their preceptors? No. Was it signed by the *students themselves?* It was not. "Why was this petition not acted upon?" I will tell you why. Because the trust-

tees received another petition which was signed by those most deeply interested—signed by the students themselves, all of them. I hold it in my hand, and will read it to you.

We the undersigned Junior students of the N. Y. Hom. Med. College having heard that a petition was in circulation asking the Trustees of the college to remove Prof. Doughty from his position as Prof. of Anatomy, and reinstate Dr. J. A. Carmichael, the former incumbent of the chair; feeling that we are the most directly interested, do hereby make the following statements:

1st. Many of us have listened to an entire course by Prof. Carmichael and the present course of Prof. Doughty, and would respectfully say, that although as a class we had no fault to find with Prof. Carmichael as a lecturer, we are perfectly satisfied with Prof. Doughty, who in our humble opinion is the equal, if not the superior of Prof. Carmichael as a teacher of anatomy.

2d. Prof. Doughty has so endeared himself to the class by his energy, his regularity in lecture hours, his kind, amiable and gentlemanly deportment, that a change would be a great disappointment to us.

3d. Prof. Doughty has gone over more ground than Prof. Carmichael in the same length of time, and has impressed the matters considered as thoroughly upon our minds, and bids fair to complete the course on anatomy before the close of the session. The course of last session, although thorough as far as it went, was not completed by the close of the college term.

4th. In our opinion the interests of the college have been considered and advanced, by the change which the Trustees and faculty have seen fit to make in the administration of the chair of anatomy. We would therefore humbly petition the Trustees to retain Prof. Doughty as Professor of Anatomy in the N. Y. Hom. Med. College.

This was signed by between seventy and eighty Junior students.

I ask which petition should have been listened to, Mr. President? I could make a similar explanation with regard to the so-called removal of Dr. Varona. We had no fault to find with him as a lecturer. He gave perfect satisfaction as far as his lectures were concerned; but residing in Brooklyn, the distance and obstructions owing to ice in the river were so great that the course was an irregular one. But notwithstanding this the same position was tendered him—that of lecturer on Histology. He declined, unless he could be appointed to the position held by Dr. Allan, his predecessor. The faculty, owing partially to the reasons just given for the broken course, did not feel justified in recommending his appointment to the Board of Trustees. Consequently, his connection with the college ended, and Prof. Bacon, in addition to his lectures on physiology, gave an excellent course on histology.

So much for this intemperate speech of my friend, Dr. Wildes. I give him the credit of being led away from duty—from discretion rather—by his friendship for Dr. Carmichael. I do not complain of this, but feel that the proper course would have been to honestly investigate both sides.

In answer to the remarks made by the Secretary of this society (Dr. Alfred K. Hills,) I would say, we have three classes of teachers in our college. First:—The governing faculty, limited to ten; second, lecturers with the title of professors, and third, special lecturers. The chairs of anatomy, physiology and chemistry, are at present and have been for some years past, filled by lecturers with the title of professor. Now, Mr. President, ladies and gentlemen, I come to the speech of Dr. Carmichael, which may be found printed in full in the volume of transactions I hold in my hand.

He had every reason to know that the position he held in the college faculty was that of lecturer, with the title of professor; for our Secretary so notified him. He had every reason to know that it was only by court-

esy that he attended some of the meetings of the faculty. And I too, can but express surprise that it was "very much to his surprise" that he received a notice that his services were no longer required; for although I did speak of his course of lectures as a "brilliant course," he must have known that his financial demands—while we were struggling and receiving nothing for our services—had anything but a tendency to endear him to the faculty. He must have known that on account of these demands a change was talked of a year previous. He must have known that the position he held was not that of a full professor. (Professor Bradford, Secretary of the faculty who was present, here stated that Dr. Carmichael was aware of that fact, for he so distinctly stated in the letter notifying him of his appointment.) The position he occupied in our corps of teachers was the reason why something besides death, something besides specific charges, put it into our power, by and with the approval of the Board of Trustees, to make a change in this particular department.

If we had no reason for the change the department of Prof. Carmichael since his connection with the college ceased has been such as to convince every member of the faculty that no mistake had been made in the course we pursued with regard to the chair of anatomy.

I entertain no malice towards Dr. Carmichael but must acknowledge no special fondness for him ever, but recognized his ability and treated him as I try to treat every one, courteously. I had hoped he would be present to day and deeply regret his absence—for I wanted him to hear what I had to say in reference to the unwise and untruthful statements made at the last annual meeting of this society.

I say his course since, has convinced us that no mistake was made. We parted in my office after the interview when he claims I spoke of his "brilliant course of lectures" to all appearances friends. A few days subsequently, as I was driving through 5th Ave. I met Dr. Carmichael, and as is my custom under such circumstances I politely lifted my hat and bowed. He looked at me as if he had been insulted and accompanied that look by no mark of recognition. Poor me. I was not alone in my misfortune for this same treatment was experienced by other members of the faculty. All this I can excuse on the ground of his belief that he had been wronged—if such was his belief. Both he and Dr. Wildes seem to think it strange that so small a matter as a desire for harmony should influence our action. A desire to preserve harmony in a faculty no ground for change?—I am surprised. Suppose we were at enmity with each other and on every occasion when we assembled would squabble as is not uncommon at political meetings, would our college prosper? would our influence over the young men intrusted to our care be salutary? No—Our perfect harmony—the few changes in our faculty since the reorganization of our college is one of the secrets of our success. We shall preserve harmony in our corps of instructors. Without it would come disaster and ruin.

Eight years ago, our class numbered 50 students. To day we have 153 matriculates. This prosperity is owing to honest and hard work and a lack of disturbing elements in our faculty. A correspondence appears in these transactions. Particular stress is laid upon the fact that I, as Dean, stated that personally, I had no complaint to make of the mode and manner in which he (Dr. Carmichael) had discharged his duties. I made no complaint, nor had I ever spoken even unkindly of him. Instead of this being ground for illfeeling towards me, it strikes me it should have elevated me in his estimation.

He refers to the Board of Trustees being "summoned to the house of the Dean" and says "this matter was sprung upon them most unexpectedly"—"that they resisted it"—"that the removal was vehemently and urgently insisted upon by the Dean, who said it must be done in order to preserve harmony in the faculty." In reply to this statement, I would say, the trustees' meet-



ing referred to, was called as are all such meetings by the Secretary of the Board, by the order of the President, at my house, because it was the most convenient place. I was present at that meeting, and wide awake, and have no recollection of the struggle described.

With regard to his criticisms upon the letters of Dr. Paine, and the action of the Board of Trustees, I have no remarks to make and can excuse all that portion of Dr. Carmichael's speech which precedes what I am now about to read. But *this*, ladies and gentlemen, makes my blood boil. Such accusations! If I was mean, contemptible enough to do anything so small, so low, I should want to hide my face forever. (Reading from the transactions.)

All this printed in the transactions of this society. And you, members of this society, listened to such statements without a protest.

Who told Dr. Carmichael that we dismissed the janitor for the reasons stated? I certainly did not tell him. We did not remove this colored janitor because of his friendly devotion to Dr. Carmichael. We did not remove him because he circulated notices of a private course of instruction by Dr. Carmichael. We did not remove him because he made dissections for Dr. Carmichael at the Woman's Medical College. We were not aware that he made such dissections. It is true we missed him from his post. It is true, we called him to account for neglect of duty, but he always excused himself on the plea that he was away on business for our college. Had we been aware that the time we were paying for, and which belonged to us, and which we needed, was being *stolen* by this janitor—for the Woman's Medical College or for any other purpose—he most certainly would have been called to account; and if persisted in he would have been removed,—although we would cheerfully have given the Woman's Medical College his services when not needed by ourselves had we been asked. In fact, ladies and gentlemen, *we did not remove him at all. He removed himself.*

At the close of the session, he like his defender, demanded more salary than we desired, or could afford to pay. We declined his terms and he took his departure.

*Wicked, wicked men that we were, to be guilty of such a crime as this!* We would not accede to his terms.

I am done with these speeches, these untruthful statements. I regret that they should have been made. I regret that they should have appeared in your transactions.

I ask you, Mr. President, was it proper, was it just to permit these speeches—these charges—to be thus publicly made, without first inquiring as to whether they were true or not?

Before closing I wish to answer a few questions propounded by our honored President of last year. A man for whom I have the greatest respect. A man whom I am proud to class among my friends.

In his able address at the opening of the meeting one year ago, referring to our medical educational institutions, he asks, "Are they up to the spirit of the times? Are the men who fill their chairs every way competent for their great work?"

For the New York Homœopathic Medical College I would answer, *come and see for yourselves.*

"Are they supplied with the philosophical apparatus necessary to illustrate to the fullest extent the subjects taught?"

Unfortunately, no. But we should like to be, and stand ready to accept a hundred thousand dollars, and even less, from any one, and we will promise to devote it all to the purchase of such apparatus. We have all that our limited means will permit us to have.

"Are the facilities for clinical teachings ample? And are they presided over by men of that discrimination, that careful analysis, that scientific unraveling of the mysteries of disease, so all important in clinical teaching?"

Again I say, come and see for yourselves. Our doors are always open. One year ago we issued an invitation to every member of the profession to visit us and listen to our lectures, at any and all times. How many of you have taken advantage of those open doors, of that invitation? Very, very few. Again I quote from that address: "Remember, these young men—now students of medicine—will have men's work to do." We try to remember this, and earnestly work for their instruction and for their future welfare.

Some have been ready, we trust without cause, to find fault with our teachings. It is possible this has reached the ears of your honored president of last year. Has this fault-finding emanated from the preceptors of our students? From the students themselves? I have never heard of any, directly or indirectly.

You have a Committee on Medical Education, a Committee on Medical Institutions, a Committee on Clinical Medicine. Have these committees done their duty? Have they visited the New York College?—this college which you claim as your own, which we are proud to have you claim. I have not heard of a single member of one of these committees visiting our college.

Let (I beg of you) a committee be appointed by this Society who will visit the college, who will listen to our lectures; a committee inspired by no feelings of prejudice; and let that committee report to this Society at the next meeting, as to our teachers, as to their competency, as to whether they are up to the spirit of the times, as to facilities for clinical instruction, and as to whether our clinics are presided over by men capable of that discrimination, that careful analysis, that scientific unraveling of the mysteries of diseases so all-important in clinical teaching. Let them judge and report as to whether we look beyond self to the greatest good of all, and whether we are striving to place that institution on the highest ground and the most advanced stand-point of science. I beg of you to have such a committee appointed, let them judge and report to this Society; and as Dean of that College, I pledge my word every suggestion coming from this Society shall have careful consideration. Although, from our extensive experience, we believe we are better able than many to judge as to what is best and proper for the students.

To show how eager we are to receive suggestions from this Society and to act upon them, I will state that in compliance with the *so kindly expressed* desire of this society at the last meeting, with regard to a chair of *Pathological anatomy*, we immediately established such a chair, although the subject had not, by any means, been neglected.

The resolution adopted read like this:

WHEREAS, The present standing of medical education demands a complete system of instruction. Therefore,

Resolved, That this Society cannot support any medical educational institution which does not include *Pathological Anatomy* in its curriculum of study.

We were forcibly impressed with the *kind and gentle* terms in which this suggestion was put, and could but act upon it immediately. Prof. McDonald has given a most excellent course of lectures on *Pathological Anatomy*, and I will guarantee the members of the graduating class of the New York Homœopathic Medical College are as thoroughly posted upon that subject as those hailing from any medical college in this land.

We have made honest efforts to advance the standard of medical education, and we believe, as far as this college is concerned, have succeeded. Five years ago, one quarter of all the applicants for the degree were rejected. This lessened our class the following year, but from that time to the present, our students have worked hard, and but comparatively few have been unable to come up to our requirements for graduation.

A great deal has been said on the subject of advancing the standard of medical education. Is it always with a proper amount of consistency? Do we old practitioners remember when we used to sit for seven

hours each day of the week, with the exception of Sundays, on those hard benches which seemed to grow harder as they grew smoother from wear? Do we remember how we were obliged to study at night? Do we remember how we dreaded those final examinations? I have vivid recollections of it all.

A wise father in the management of his children tries to carry himself back to the time when he was a boy. Let us remember our student days.

Is the medical student of to-day different from the medical student of years gone by? Is the average amount of mental capacity greater? Is the average amount of physical endurance greater? I do not believe it is. And yet the requirements for the degree of Doctor of Medicine have more than doubled in the past twenty years. Look at the physiology, the anatomy, the chemistry, and the works on practice, materia medica, and surgery of twenty years ago, and compare them with the works on the same subjects of to-day.

Why, gentlemen, I will say to you as I said to the members of the American Institute of Homeopathy last June—while speaking on this subject. If the requirements of thirty—twenty—yes, fifteen years ago—for our degree—had been as great as they now are, I fear but few of us would have been seated around this room to-day as members of the Homeopathic Medical Society of the State of New York.

What is required, is more time for study, lengthened terms, a greater number of years. By congressional action, make it five; yes, seven years. But do not crowd these boys too hard, we have pushed them as far as we dared. Elevate the standard, but lengthen the period of study—by national law—which is the only way it can be accomplished.

When I look at the haggard faces of some of our students, at the close of the term, my heart is filled with pity for them.

I trust, Mr. President, ladies and gentlemen, that never again will this society, or any of its members, be influenced in their judgment, in their action, by *hearsay evidence*. As far as the New York Homeopathic Medical College is concerned, I pray you investigate fairly for yourselves; no obstructions will be placed in your way, but every opportunity will be offered, that you may form a just and unbiased opinion as to the capacity, the honesty of its teachers and Board of Trustees.

I have nothing further to say, except in closing, to refer briefly to the allusion which was made in the meeting of one year ago to a "College Ring," which had for its object the controlling of certain institutions and societies, for the benefit of individual members of that ring.

I am on my honor, and in the presence of you all, I most positively assert that *I know nothing* of the existence of such a ring, or clique, as it has been termed by some. I have attended, with few exceptions, all the faculty meetings since the reorganization of the college. Never at one of these meetings, or at the meetings of the New York Medical Club, have State or County medical matters been considered. We simply attend to the legitimate business connected with our institution, and have endeavored in the past, and shall endeavor in the future, faithfully and honestly to advance the interests of the young men whose education has been entrusted to our care, the interests of the profession throughout the entire land, the interests of Homeopathy.

I can but thank you, ladies and gentlemen, for the attention you have given me. I regret the circumstances which necessitated this long speech, but feel that it was due the New York Homeopathic Medical College, which I represent—I feel that it was due you.

Dr. Alfred K. Hills, said that he was of the opinion one year ago and it still continued, that the announcement of lecturers as Professors, savored of false pretence. In this way we are led to believe men are what they are not. By its own showing the college has not sufficient confidence in these lecturers to make them *full Profes-*

sors—Why not be honest and announce them for what they are? The profession has a right to enquire into these doings, and some means should be employed to remedy such a defect.

Dr. Wildes in reply, said Prof. Carmichael stated distinctly to several of us on the authority of one of the Trustees that this meeting of the Trustees was called at Dr. Dowling's house. The Trustees were surprised when this question was sprung upon them, and protested against his removal, but that Dr. Dowling struck the table, and insisted vehemently he *must be removed*.

Dr. Dowling asks "why was no answer received to the petition" which was so numerously signed by the profession, and presented to the Trustees, requesting the reinstatement of Prof. Carmichael? I will answer That petition was headed by the name of Dr. E. E. Marcy, an old and honored member of the profession, and to whom the answer would naturally be addressed. About the time this petition was presented Dr. Marcy was appointed one of the Censors of the College, and here the matter ended. This appointment may have been an incidental circumstance, but it looks like a stroke of policy.

Dr. Dowling referred also to the Varona matter. I have not now in my possession a letter from Dr. Dowling to Dr. Varona, which I did have last year, therefore I cannot speak by the card. But I felt then, and I feel now that the action of the College authorities was anything but creditable to them, although I am not able to give my reasons in detail without the data upon which my opinion is founded.

As an offset to Dr. Dowling's statement that the faculty which seems to be the appointing power are doing their best for the College, I would ask has it always filled the vacant chairs with the best talent available?

Dr. A. S. Couch, offered the following resolution which was adopted:

*Resolved*, That this society has listened with satisfaction to the statement of Prof. Dowling in the matter of Dr. Carmichael vs. the N. Y. Hom. Med. Coll. and is satisfied that it has heretofore acted too hastily and inconsiderately in legislating upon matters of personal grievance and individual opinion.

#### ANNUAL MEETING OF THE MASSACHUSETTS HOMEOPATHIC MEDICAL SOCIETY.

The thirty-ninth annual meeting of the Massachusetts Homeopathic Medical Society was held in Boston April 9th, the President, Dr. D. B. Whittier of Fitchburg, presiding and making the annual address.

The following officers were elected for the following year:

President, T. S. Scales, M.D.; Vice Presidents, Samuel Alvord, M.D., Lewis Whiting, M.D.; Cor. Sec., Fred. W. Payne, M.D.; Rec. Sec., Nathan R. Morse, M.D.; Treasurer, H. C. Clapp, M.D.; Librarian, J. T. Harris, M.D.; Censors, E. U. Jones, M.D., D. G. Woodvine, M.D., A. M. Cushing, M.D., Charles Sturtevant, M.D., R. E. Jameson, M.D.

#### DR. WHITTIER'S ADDRESS

opened with an allusion to the address of a year ago, wherein the speaker pointed out a few of the defects in medical practice. Having become convinced that many of the errors alluded to at that time come from defective methods of investigating disease, and that these may be avoided in some measure, he desired to call the attention of the Society to the value of Objective Symptoms in the Treatment of Diseases. The custom among physicians of treating a patient with only the knowledge of his pains and sensations as given by himself, without making a careful examination of the parts affected, is defective, by giving all prominence to the subjective symptoms, while the objective symptoms are ignored and organic changes pass unnoticed. The following proposition was then advanced: In every derangement of the human body, head, trunk or limbs, which is known either as external

or internal disease, it is the duty of the physician to examine the affected parts both by touch and by sight when necessary, and defined his meaning by a series of illustrations of the importance of objective examinations in the treatment of various diseases. It is certain that the exhibit of pains and sensations is wholly inadequate to determine the nature of the disease. A similar careful examination is necessary in diseases of the liver, spleen and intestines. In diseases of the bladder and kidneys the use of the microscope and chemical analyses are of great importance, but in no department of medical science is the training of the senses and a large amount of clinical experience more essential than in the treatment of diseases of women. Many of the disorders coming under this head were referred to at considerable length. The value of the thermometer is cases of fever and all acute diseases is more accurate in distinguishing the real from the apparent symptoms evidenced by heat either by the patient or his attendants.

The speaker advocated the division of medical science into branches or specialties, but to be a master of any specialty the physician must have a pretty full knowledge of all branches. Much time and careful study are required to learn how to collect these objective symptoms and correctly understand them, and many classes of diseases must be seen and be rightly explained and the peculiar features of each pointed out before the eye masters the different pictures and classifies and assigns each to its proper place, and this can only be done thoroughly where large clinical and hospital advantages are obtained, and where abundance of material and competent teachers are provided. The lessons to be learned from the address are these: Make a most careful examination of the body of the patient and a most thorough investigation of diseased organs and parts; never take the patient's description of organic changes which you can see or feel for yourself.

But few medical schools in this country have large hospital or clinical advantages to give their students, and their training in the examination of cases in the special departments of medicine is nearly unknown, but the importance of these special studies is becoming too well understood to be set aside, and the medical schools that fail to make provision for such studies will themselves be soon set aside.

In connection with the new order of things described, the elementary parts of a medical education must remain, the foundations of which must be well laid in the primary teachings of medical science. The speaker would also, if possible, select persons of good natural ability for the materials of which to construct the profession of the future, and, above all, have the moral qualities up to the needed standard. Among others, the old practice of an apprenticeship in the office of a medical man, or of a student spending a part of his pupilage in the office of a physician in full practice, has fallen too much into disuse and should be revived.

In closing Dr Whittier claimed that in view of the fact that medical science will go on developing during all coming generations, it will not do to circumscribe its operations. Majorities attempt to force their opinions upon minorities, but when they come to see that they stand only on the edge of the great ocean of medical science, and that the knowledge they possess is but as a few drops compared to the mighty deep, they may abate something of their pomposity and arrogance and humbly do their own work and allow others to do the same. When science is so advanced as to allow the most perfect individual freedom to all its votaries, its fields will bud and blossom like the rose, and all its laborers can lie down and rise up together, with none to molest or make them afraid. Let us hope that in the near future, all attempts at domination over the medical opinions of men will have passed away, and that every physician will realize that the work he does is only a small contribution to the onward progress of medical science and practice.

Dr. J. Heber Smith, of Melrose, Chairman of the Committee on Materia Medica, made a report for that committee. He spoke of the poisoning of a physician at Harrison square by a spider (supposed at first to be a tarantula), and contended that the bite of a tarantula is as harmless as the sting of a wasp. This belief he backed up by numerous letters from army surgeons and others. The doctor said that in presenting these views he was eating humble pie, for in 1875 he had presented a lengthy essay contending for the opposite belief.

The Committee on Obstetrics, Chairman Thomas Conant, M. D., of Gloucester, made a report, reading two papers from members of the Association. Mrs M. J. Flanders, M. D., of Lynn, and M. V. B. Morse, M. D., of Marblehead, also presented papers on topics connected with obstetrics.

H. C. Clapp, M. D., from the committee on clinical medicine, read a paper on a rare case of *gangrenis vulvitis*.

E. U. Jones, M. D., of Taunton, addressed the society on the sanitary conditions favorable to diphtheria. He cited several remarkable cases which had come under his notice, and concluded first, that diphtheria is simply an epidemic; second, that only those take it whose constitutions are in a state of receptivity, and, third that in places where the disease has prevailed during a certain year the next year usually is characterized by its absence, even though the sanitary conditions remained unchanged.

#### THE CARE OF THE INSANE

was discussed by Samuel Worcester, M. D., of Salem. The public, he said, may be divided into two classes—those who swallow all the horrible tales of asylums which are served up by sensational writers and discharged patients and those who deny that our hospitals are any such hells as these persons would have us believe. He contended that the officers and physicians in charge of our insane asylums are in almost all cases men incapable of injustice or unkindness. Judged by results, the progress of medical science has not been attended with any corresponding improvement in the treatment of the insane. No especial or peculiar medical or moral treatment characterizes asylums; patients are treated solely for their physical ailments on the principle that if the body be sound the mind's manifestations will be normal. It is time that politics be divorced from these institutions. The promotion of first assistants to the position of superintendent does not result advantageously to the service because of their narrow experience. In most asylums sedatives and opiates are given liberally to keep the patient quiet, but in the homeopathic hospital at Middletown, N. Y., where such treatment is unknown, the percentage of cures is much larger than elsewhere. The speaker criticised the system of repression which is generally practiced, condemning the "moral treatment" which suppresses the least indication of personality in any patient. One of the reforms most imperatively demanded is the appointment of women as trustees and assistant physicians, with especial reference to the female patients. Mental disease in females usually arises from affections of the organs of generation, and in this lies the reason why at present the female insane are not especially treated and more often cured. Dr. Worcester acknowledged that there are times when the use of restraint is necessary, but he declared that the restraint now used in our hospitals is often unnecessary and excessive. Keepers frequently strap and bind helpless lunatics without the knowledge of the physicians. Punishment should, theoretically, never be part of the treatment of the insane. The shower-bath is considered proper by some superintendents, but Dr Worcester regarded it, as well as other uses of the bath, as cruel and unnecessary. Homeopathy cares for the insane in a more rational and successful manner



than any other system, and he hoped that its claims would soon be given an opportunity for substantiation in this State.

Dr. Holt of Brookline, did not believe there was any chance of getting homœopathy into any asylum in Massachusetts. He contended that there is a disease preliminary to insanity that is not insanity.

Dr. Caroline E. Hastings of Boston, made the report of autopsies in the case of two children who died from tuberculosis after measles.

Dr. R. E. Jameson read a paper by Dr. Cushing on heart disease, and one by Dr. Wheeler on paralysis following diphtheria.

A lengthy paper by W. H. Lougee, M. D., of Lawrence, on observations in European hospitals, was read by its author to the great satisfaction of the audience. The doctor gave a minute description of a number of intricate cases which he saw treated in the great hospitals of Vienna, Berlin, Paris, London and other cities, and at the close of his deeply interesting paper a hearty vote of thanks was given him, and a copy of it was requested for publication.

Dr. Talbot reported, from the Committee on Surgery, that there was no report. Dr. H. N. Jernegan then asked permission to speak of the disease known as concussion of the spine, introducing a Mr. Green of Indiana, who received his injury at a railroad accident in Connecticut by being hurled against an iron railing surrounding a car stove. Dr. Jernegan said that the question of concussion in railroad accidents was of great medico-legal importance at the present time, and his present purpose was to exhibit a kind of brace which afforded the patient relief. He also spoke of supports in cases of hernia, and at his suggestion Dr. Banning of New York explained his system of pads for this purpose.

Sullivan Whitney, M. D., of Boston, read a paper giving some of the leading maxims on which rests the homœopathic theory of attenuation, and urging a re-examination of the theory in the light of modern science. He advised physicians to make their own medicines.

Several members gave the results of experiments into the divisibility of matter, and Dr. Chace of Cambridge and Dr. Thayer of Boston, spoke on the importance of Dr. Whitney's researches, differing, however, from his conclusion that matter may be infinitely divisible. The speech of the latter gentleman was especially forcible and eloquent.

Papers from the Committee on Pædology were referred without reading, and reports were received from the county societies. Dr. Thayer presented resolutions of sorrow at the death of Drs. William F. Jackson and Francis H. Underwood, which were unanimously adopted.

**HÆMORRHAGE IN ABORTION.**—Dr. Barker recommends in early abortion placing under the patient a rubber sheet and injecting into the vagina a large quantity of hot water of the temperature of 104 to 110°. The ovum comes away in a day or two without pain and without further hemorrhage. In cases of abortion where a tampon is necessary he always tampons the cervix uteri with a compressed sponge, and then only fills the vagina just sufficient to keep the sponge in place. In seven or eight hours during which the patient rallies from loss of blood the cervix is sufficiently dilated to permit the removal of the entire ovum.

**DIAGNOSIS OF SPINAL SCLEROSIS.**—Let the patient cross one leg over the knee of the other. If a smart rap be made on the ligamentum patella of the supported leg, just below the patella itself, the same leg is jerked upward to a variable degree in the healthy individual. In the confirmed ataxic patient no such movement follows, no matter how hard a blow be struck.

## Medical Items and News.

THE AMERICAN INSTITUTE OF HOMŒOPATHY will hold its annual meeting on the 24th of June at Lake George. It is expected that a very large number of members and their ladies will be present, and the occasion one of the most interesting and enjoyable in the history of the Institute. The excursion can be made to unite pleasure with professional duty, as, in addition to the trip to this charming locality, the opportunity will be afforded, at small expense, to extend it to other localities of interest in the adjoining country, and excursion tickets, at low rates, will be furnished to almost any point desired. The following committee of arrangements was appointed by the Hom. Medical Society of the State of New York: Drs. J. W. Dowling and Alfred K. Hills of New York; W. H. Watson, Utica; A. W. Holden, Glen's Falls; S. H. Talcott, Middletown; A. R. Wright, Buffalo; H. M. Paine, Albany; and A. P. Hollett, Havana.

**FEMALE PHYSICIANS IN INSANE ASYLUMS.**—A bill is now before the legislature rendering it compulsory for all insane asylums to employ female physicians in the female wards. The asylum at Middletown has employed a female physician in its female ward almost since the organization of the institution.

GEORGE B. WOOD, M. D., died at his residence in Philadelphia, March 30, at the age of eighty-two years. Since 1820 Dr. Wood has been connected in a prominent way with the colleges, hospitals, and medical literature of this country. The U. S. Dispensary, of which 100,000 copies have been sold, was prepared by Dr. Wood and Dr. Bache. Dr. Wood wrote nearly two-thirds of the work. His "Practice of Medicine" ran through six editions and was one of the most popular books of the day.

**OBITUARY.**—Dr. George Beakley, for twenty five years an active and popular homœopathic physician of New York City, died March 7th, at the residence of his sister, in Fonda, in this State, at the age of sixty-two years. Dr. Beakley graduated at Fairfield and again at the Albany Medical School. He was compelled to relinquish practice about a year before his death from a partial paralysis which eventually ended his life. His brothers Henry, of Peekskill, and Jacob, both physicians of high standing, the latter the founder of the New York Homœopathic Medical College and for many years its Professor of Surgery and Dean, have both passed away within a few years.

## BULLETIN OF THE PUBLIC HEALTH.

Brooklyn, N. Y., has expended \$3000 for vaccination.

Yellow fever has continued its ravages to considerable extent in Havana and Rio de Janeiro. Small pox has raged also in these localities extending northerly to Great Britain, Russia and Canada. In November and December, 1878, there were 24,470 deaths from small pox in Fortaleza.

In Brazil, out of a population of 900,000, about 500,000 have died from disease and starvation consequent upon the long continued drought.

Cholera is on the increase in Turkey and in Asia. The mortality from the black plague has increased from fifty to 100 per cent. Every case being fatal in from twelve to forty-eight hours.

Diphtheria and scarlatina seems to prevail to very limited extent in warm climates.

**CHLOROFORM.**—Syme, Lester and Hughes, who have given chloroform as frequently as most surgeons, and never with bad results, observe this simple rule: "Never mind the pulse, never mind the heart, leave the pupil to itself. Keep your eyes on the breathing; and if it becomes embarrassed to a grave extent, take an artery-forceps and pull the tongue well out." Syme never lost a case from chloroform, although he gave it five thousand times; this simple rule enabled him (so he thought) to make this excellent record.

**PYROGALLIC ACID.**—It is claimed this has a more prompt effect than gallic acid or tannin in cases of internal hemorrhage, with the advantage of being given in small doses, being easily taken and having no unpleasant after taste.

**FLUID SILICATE OF SODA** is highly recommended as an application in erysipelas. Three or four applications over the inflamed surface and for an inch beyond the line, each being permitted to dry well, it is said, prevent spreading and relieve the pain. The usual internal treatment should be continued.

**CANNABIS IND. IN EPILEPSY.**—This remedy has been successfully used in doses of  $\frac{1}{4}$  grain three times a day.

**CITRATE OF CAFFEINE.**—This drug has been found to possess great value as a diuretic and cardiac stimulant in cases of cardiac dropsy, where a dilated, feeble and irregularly contracting heart undergoing progressive moral decay is the main clinical and pathological element to be contended against. In doses of two or three grains it produces abundant and instantaneous diuresis.

**ECZEMA.**—Dr. Piffard recommends in this troublesome disease a modification of Hebra's well known unguentum diachyli, in which lead plaster is incorporated by heat equal parts with vaseline. Unlike the preparation of Hebra, it causes no burning sensation in excoriated parts. Kaposi gives it the name of unguentum vaseline.

**DUPLEX UTERUS WITH DOUBLE CONCEPTION.**—Dr. Sotschawa, of Moscow, relates a case of double vagina, and double uterus. Each uterus was impregnated. Owing to severe hemorrhage a fetus of about one month old was delivered from one uterus, and in a few days one of about three months from the other.

### BULLETIN OF THE PUBLIC HEALTH.

Issued from the Office of the Surgeon-General, U. S. Marine Hospital, under the National Quarantine Act of 1878.

[No. 38. Week ended March 29, 1879.]

OFFICE SURGEON-GENERAL, M. H. S., Washington, March 29th, 1879.

CITIES.	Total Deaths.	Annual Rate per 100 of Population.	DEATHS FROM—					Phthi's	
			Diphtheria.	Scarlet Fever.	Enteric Fever.	Pneumonia and Bronchitis.			
New York.....	557	26.6	8	54	8	98	93	Whooping Cough caused 53 deaths.	
Philadelphia...	300	17.8	19 (30 cases.)	10 (70 cases.)	10	37	61		
Brooklyn.....	209	19.2	18	11	..	41	25	Whooping Cough, 2; Croup, 4.	
St. Louis.....	107	11.7	4	..	1	26	12	Erysipelas, 2.	
Chicago.....	148	16.7	18	..	3	18	15	Cer. Spinal Fever, 2; Whooping Cough, 3.	
Boston.....	142	20.2	7	3	3	23	25	Croup, 4; Erysipelas, 2.	
Baltimore.....	149	21.2	2	4	2	27	29	Whooping Cough, 3; Cerebro-Spinal Fever, 2; Erysipelas, 2.	
Cincinnati.....	76	14.1	5	8	1	15	11	Cer. Spinal Fever, 2; Erysipelas, 1.	
Hudson Co., N. Y..	65	17.7	6	5	..	12	10	Cerebro-Spinal Fever, 4; Remittent Fever, 3; Erysipelas, 1.	
Cleveland.....	56	17.9	3	..	..	8	7	Erysipelas, 1.	
Dist. of Columbia..	88	{ Whites, 27.7 Col., 41.4 }	2	1	1	21	13	Cerebro-Spinal Fever, 1.	
Louisville.....	40	13.7	..	..	..	7	12	Croup 5; Cer. Spinal Fever, 2.	
Pittsburg.....	45	16.7	1	..	2	11	6	Diarrhoeal Diseases, 5.	
Buffalo.....	34	12.4	4	3	..	1	6	Erysipelas, 1.	
Newark.....	74	30.3	4	..	2	9	8	Cerebro-Spinal Fever, 1.	
Milwaukee.....	47	22.3	6	..	..	2	6	Croup, 4.	
Providence.....	37	19.2	1	3	1	6	6	Cerebro-Spinal Fever, 1.	
Richmond.....	30	30.7	2	..	..	4	4		
Mobile.....	15	30.7	..	..	1	5	3		
Portland.....	7	10.7	1	..	..	..	1		
Savannah.....	16	{ Whites, 26.7 Col., 34.7 }	..	..	..	4	3		
		Average.							
Total for week.	2,244	19.3	104	101	35	364	356		
New Orleans, week ended March 23d.	105	26.7	2	..	1	13	25		
San Francisco, week ended March 21st.	64	10.9	3	..	1	4	12		